

Female Genital Cutting in the United Kingdom: A feminist phenomenological study of perceptions and lived experiences

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Abstract

Female Genital Cutting (FGC) more widely known as Female Genital Mutilation (FGM) is thought to affect 66,000 women and girls in the United Kingdom (UK) (Kueppers, 2013). Whilst there has been a vast amount of research on the physical impacts of FGC, there has been less research on the wider social and embodied impacts of FGC. This thesis aimed to address this by exploring the lived experiences of FGC in the UK.

This thesis explored the views of both women with and without FGC, and men from affected communities in the UK. The study used a qualitative approach, and a total of 30 semi-structured interviews were conducted. The theoretical and conceptual framework draws on and combines elements of: phenomenology, in particular Merleau-Ponty; feminist studies, with a focus on the work of Butler; and intersectionality, coined by Crenshaw. Merleau-Ponty's spatial frameworks in conjunction with intersectionality has proved to provide a unique lens to view FGC and further strengthens the feminist phenomenological approach. It has showed how FGC could be added to the dimensions of intersectionality to acknowledge the equal role it plays in shaping women's identities.

The central findings to this thesis include how FGC shapes and impacts women's gendered identities; which were further impacted by their cultural identity and living in the UK. Many women did not feel complete or able to 'perform' what they perceived to be like 'real' women due to FGC. The majority of men in the study showed support for the discontinuation of the practice and claimed that they preferred to marry women without FGC.

This thesis shows that FGC is a complex and fluid practice, which is mediated and experienced through both gendered and cultural identities, in particular in relation to roles such as being a wife and mother. Migration and navigating multiple gendered and cultural identities added to the complexity of FGC as women ascribed meaning in multiple ways dependent upon the topic in relation such as the law, justifications and implications; suggesting different ways of embodying and making sense of the practice. This was evident in the ways that the terms ‘mutilation’ and ‘circumcision’ were used interchangeably depending on the topic.

In addition, the community of origin abroad appeared to still have influence on people’s decisions and feelings towards FGC, despite being in a country that does not routinely practice FGC. Despite this, there was a change in ideas around ownership of the body, from the body being viewed as communal to individual. Furthermore, being in the UK triggered internal conflict around FGC and its impacts on gendered identity, as there were more women without FGC in the UK which influenced a change in their views on gendered identity and subsequently the need for FGC. This acted as a catalyst for tensions and resistance of FGC to rise, in particular through embodied forms of resistance which were framed as taking back ownership and control of one’s own body.

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Glossary of terms

Female Genital Mutilation (FGM)- *“all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”* – World Health Organisation (2018) (pg4)

Affected Communities- *“not only women and girls affected by or at risk of FGM but also other people within their social sphere”* – Khalifa and Brown (2016) (pg9)

Western Feminism- *“feminism defined mostly by the United States and the advances for women’s rights that have ensued. Narrow and exclusive to the United States because of the particularly liberal climate”* – Dixon (2011) (pg23)

Postcolonialism- *“claims the right of all people on this earth to the same material and cultural well-being”* – Young (2003) (pg26)

Cultural Relativism- the idea that people’s culture should not be judged or interfered by those outside of that culture, as the aim is to understand practices and experiences (Abu-Lughod, 2002) (pg57)

Cultural Essentialism- belief that *“all members of a category of people share one or several identifiable, defining cultural features”* - Alvaré (2015) (pg59)

Sexuality- the capacity for sexual feelings with a focus on attitudes and practices – Little (2013) (pg72)

Existential Phenomenology- *“concerned with topics such as action, conflict, desire, finitude, oppression and death”* – Linsenmayer (2011) (pg76)

Feminist Theory- *“a body of writing that attempts to describe, explain and analyse the conditions of women’s lives”* – Kolmar and Bartkowski (2005) (pg77)

Black Feminism- *“a sustained critique of the racism and ethnocentrism of white-dominated systems and practices including feminism”* – Andermahr, Lovell and Wolkowitz (2000) (pg86)

Intersectionality- coined by Kimberle Crenshaw in 1989 it highlights the need to understand black women's experiences from the standpoint of both gender and race as they had previously been explored separately (pg88)

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Chapter One- Introduction

1.1 Introduction

My initial interest in the topic of “Female Genital Cutting” (FGC, defined below) started in 2012, after having read an article titled ‘Zero tolerance needed to stop Female Genital Mutilation’ by social activist and founder of Daughters of Eve, Nimco Ali (Midwives Magazine, 2012). She argued it to be racist for people to shy away from tackling FGC and that people in the United Kingdom (UK) needed to stop walking on cultural egg shells. I wondered how FGC was justified and why I had never heard of it before. I then learnt that approximately 137,000 women were living with FGC in England and Wales in 2011 and a further 60,000 girls were thought to be at risk (Macfarlane and Dorkenoo, 2014). Furthermore, it is estimated by the United Nations Children’s Fund (UNICEF) that there are 200 million women and girls living with FGC globally (UNICEF, 2018).

I subsequently decided to focus my undergraduate dissertation on FGC and carried out a literature review on how FGC impacted women’s experiences of pregnancy, birth and the post-partum period. It was also around this time that the topic started to be more of a focal point in the British media. For example, the BBC broadcast a story on FGC in the programme *Casualty* (Wiseman, 2013), BBC programme *Hardtalk* (2016), and *The Cruel Cut* (2013) on Channel 4, this brought this topic into the public domain. Alongside this there was widespread news coverage of FGC, often coupled with stories of immigration and framed as being a present issue in the UK. In 2014, for instance, The Guardian featured an article “FGM is banned but very much alive in the UK”. Intrigued by the topicality and understanding the different approaches to framing FGC, I decided to use

my academic cursors to investigate women's and men's experiences and perspectives of FGC in the UK for my PhD research.

By engaging with feminist scholarship, I became increasingly aware of my positionality as a woman who is not from an affected community. Bourke (2014) describes positionality as the relationship between the researcher and participants and reflects on the impact this relationship may have on the study. Due to my position as an outsider I wanted to acknowledge the numerous authors who identify as black feminists and activists who research and write on FGC, both in the UK and across Africa, such as Nimco Ali, Waris Dirie, Leyla Hussein, Naana Otoo-Oyortey, Hibo Wardere and Mariya Karimjee). This is important to highlight as white western academic voices are often portrayed as the only ones (Collins, 1990). In saying this, I am not framing FGC as an issue that only affects black women or women residing in Africa. Rather, I am considering and acknowledging the criticisms that throughout history there has been a monopoly on academic discourse from the western world and in particular western feminism (Collins, 1990; Smith, 2013). This can lead to the representation of topics and knowledge being Eurocentric, as opposed to having a cultural relativist stance, this is discussed further in chapter Four.

This introductory chapter provides a contextual and conceptual overview for FGC. It firstly highlights the nuances in terminology and justifies my decisions around selected terms. It then considers the prevalence of FGC and the respective laws and regulations in the UK. The chapter will then situate FGC in the UK, and more particularly in the local context of Leicester. It will then summarise the common justifications and medical implications of FGC, from academic books and grey literature. Additionally, this chapter

considers the current academic and activist debates, dilemmas and controversies surrounding FGC, which further helps to contextualise this thesis. In response to many of these debates and dilemmas, many feminist scholars and activists have put forward their responses, these will briefly be considered here. Finally, this chapter will outline the remaining structure of the thesis.

My research was guided by a number of questions (outlined below), these guiding questions prompted me to search grey literature, articles and book chapters, the results of which are provided in this chapter as an overview of what FGC is and the current debates and dilemmas surround it.

- Why do women who have migrated to the UK or have a migrative background, continue to experience the cultural practice of FGC and to what extent they have agency and autonomy over such decisions?
- What are men's views around the practice and about marrying women with FGC?
- In what way are subjective experiences of FGC gender specific and based upon historical, systematic and standardised gendered divisions of lived experiences?
- What are the implications of these traditional rituals for women's status and power in society?
- Can FGC initiation and "circumcision" be perceived of as institutionalised and a central feature of culture?
- How much cultural value is placed upon the practice and performance of FGC and how does this produce or reproduce aspects of cultural identity?

- How does the practice impact women, and how in particular is it embodied by women as part of their identity when constructed as a cultural practice which is governed and policed by wider social structures?

1.2 What is FGC?

The origins of the practice are unclear but there appears to be a general consensus of the practice predating both Christianity and Islam (Johnsdotter, 2012). It has been identified as early as 200BC in Egyptian mummies throughout the Pharaonic era of Ancient Egypt displaying characteristics of FGC (Williams, 2017). Herodotus and other historians claim the Phoenicians, Hittites and Ethiopians practiced FGC during the fifth century BC (Williams, 2017). In western Europe and the United States (US) clitoridectomy was practiced up until the 1950's. This was thought to treat 'women's disorders' including hysteria, epilepsy, mental disorders, masturbation, nymphomania and melancholia (Momoh, 2005; Johnson, Ali and Shipp, 2009; Johnsdotter, 2012; The United Nations Population Fund (UNFPA), 2018).

According to the World Health Organisation (WHO), who uses the term Female Genital Mutilation (FGM) to emphasise the level of harm that is inflicted for non-medical reason, it consists of "*all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*" (WHO, 2018). It is commonly categorised into four types, as described as follows:

Type I- Clitoridectomy: Partial or total removal of the clitoris and/or the prepuce.

Type II- Excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The amount of tissue removed varies widely.

Type III- Infibulation: Narrowing of the vaginal orifice with a covering seal by stitching up the labia. This can take place with or without removal of the clitoris.

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterisation.

(see appendix One)

Type I and II are most common in western and central sub-Saharan African countries and type III is predominant in eastern Africa. However due to migration and prevention programmes there are changes in the types practiced and the types are not homogenous amongst affected communities (Kaplan-Marcusán *et al.*, 2010). It is estimated that type I and II compromise 85% of FGC cases across the world with the remaining 15% being type III, however this does not include type IV, suggesting less statistical evidence (Johnson, Ali and Shipp, 2009). In addition to the four types, some women undergo de-infibulation which refers to cutting open the scar tissue present after infibulation. This allows intercourse after marriage or helps to facilitate childbirth; although women are sometimes re-infibulated after giving birth by sewing back the external labia (UNFPA, 2018).

It has been noted that during type three FGC, the girl may have her legs bound together for 10-14 days to allow the skin to fuse together and the scar tissue to form (UNFPA, 2018). Specific knives and tools are used to perform FGC including razor blades, glass shards and scissors (Dorkenoo, 1994). It has also been noted that in some remote area's dirt, animal faeces, and ashes may be used to stop the bleeding. Twigs, herbal mixes and ointments may also be placed onto the wound to aid the healing; this has however been proven to cause infections, stinging and lengthen healing time (Mitchum, 2013).

However, it is important to note that FGC is sometimes carried out in sterile hospitals with anaesthetic and surgical tools (Dorkenoo, 1994; Mitchum, 2013). UNFPA (2018) has recently reported through health surveys a trend of medicalising the practice, where FGC is carried out by health workers. These surveys identified medicalised cases of FGC particularly in Egypt where 38% reported FGC being practiced by health workers, Sudan (67%), Nigeria (13%), Guinea (15%) and Kenya (15%) (UNFPA, 2018).

As mentioned earlier, FGC is not a homogenous practice and not everyone within an affected community will practice FGC. It is practised amongst different ethnic and religious groups and affects girls and women with different levels of education and socio-economic backgrounds. The age FGC is practised also varies. Whilst it is usually carried out between 0 and 15 years of age, some communities practice FGC when the girl reaches puberty or experiences her first menstrual period, but others organise it at the time of marriage or during a woman's first pregnancy or after the birth of her first child (UNFPA, 2018). It has been reported that FGC can take place within the first week of life, for example, this seems to be the case for 85% of FGC practices in Yemen (UNFPA, 2018; UNICEF, 2018). Some authors, like Mitchum (2013) argue that there is a trend in FGC occurring at younger ages to reduce the pain and suffering, or at least the memory and resistance of it, and to lessen Government interference.

1.3 Choice of terminology

As noted above there are various and contested terms, when the practice first came to international attention, it was generally referred to as Female Circumcision (FC), which is often the preferred term amongst affected communities and women (FGM National Clinical Group, n.d.; Vissandjée *et al.*, 2014). This term has, however, been heavily

criticised for inappropriately implying an analogous to male circumcision, trivialising the procedure and creating confusion (Vissandjée *et al.*, 2014). Some health experts in many eastern and southern African countries and America encourage male circumcision as they argue it reduces HIV transmission and claim other health benefits such as cleanliness; in comparison, FGC has no health benefits but can increase the risk of HIV transmission through the shared use of unsanitary tools (UNFPA, 2018). UNFPA states that the health implications of male and female ‘circumcision’ are very different, and they therefore do not advocate the use of this term as it obscures the physical and psychological effects of genital cutting on women.

Hosken (1979), an American researcher and radical feminist, also rejects the term Female Circumcision as she felt it was too soft and coined the term Female Genital Mutilation (FGM). Feminist approaches to FGC will be explored later in this chapter but it is important to notice that FGM is the current terminology adopted by the World Health Organisation (WHO) and the United Nations (UN); it is often used in law, policy, media and campaigns, as well as being familiar to most health care professionals. This term highlights a strong opposition to the practice, whilst it has been deemed accurate by some, others have described it as judgmental and offensive (FGM National Clinical Group, n.d.). The term advocates an anti-FGM stance whilst bringing attention to the level of harm caused; it has been used by advocates from affected communities and the media, public and scholars in the ‘western world’. It is further used by a wide range of women's health and human rights organisations to highlight the violation of human rights (Vissandjée *et al.*, 2014). The word ‘mutilation’ emphasises the gravity of the act and makes a clear distinction from male circumcision.

On the other hand, FGM can be seen as offensive and counter-productive in preventative work (Johnsdotter and Essén, 2010). It can add stigma and judgment on women, particularly those who do not view their bodies and genitals as ‘mutilated’. This term insinuates intentional violence against the girl, which might not be the case as some women and affected communities view this as a valued cultural practice (Vissandjée *et al.*, 2014). It is further feared by charity and women’s organisations that the term has the potential to alienate communities, or cause a backlash increasing the number of girls undergoing the practice (UNFPA, 2018). Mugo (1997) discusses how the term FGM simplifies a complicit cultural heritage to a mutilating culture, and criminalises the victim, when they themselves are survivors of the practice. Mugo notes that in the west practices such as genital piercing and surgeries would be seen as modification and not mutilation, Mugo (1997, p466) raises the question of “*who determines what terms are used against whom?*”, highlighting the link between economic domination and epistemological control.

In the late 1990’s the term Female Genital Cutting (FGC) was introduced due to the dissatisfaction with the term FGM (UNFPA, 2018). The majority of Non-Governmental Organisations (NGO’s) abandoned the term FGM and adopted FGC which has been described as neutral, softer and ethically sensitive towards affected communities and women (FGM National Clinical Group, no date; Johnsdotter and Essén, 2010; Vissandjée *et al.*, 2014). Therefore, it serves as a satisfactory term that can be used in communities. As Sundby, Essén and Johansen (2013) remind us, all terms carry a different value and, therefore, have a different impact; FGM indicates intentional harm, circumcision is a more traditional term and cutting is more neutral. Some organisations embrace both terms, referring to FGM/C (UNFPA, 2018). Finally, ‘female genital modification’ is

another term used within this discourse, however more common when discussing western practices; for example, piercings and genital surgeries such as labia reductions and hymen repairs. ‘Traditional women’s practices’ ‘traditional health practices’ and ‘initiation’ are other less used terms (Vissandjée *et al.*, 2014).

For me, the choice of terminology has been a difficult decision and one that I have taken much consideration over. During the initial stages of this research I used the term FGM, as this reflected what I had seen in the media and policy. I later adopted the term FGC for this thesis, as a more neutral term that does not align the practice to male circumcision or alienate those who I am interviewing. This definition includes the four different types as previously described by the WHO (2014) and any other forms of cutting, modification and alteration done for non-medical reasons. Nevertheless, this phenomena and choice of terminology is highly politicised. Johnsdotter (2012) describes how academic scholars are put in a position where they are expected to take a stand and where a lack of condemnation may lead to them being morally questioned and criticised. Johnsdotter, however, states that she is reluctant to advocate a specific position but acknowledges that neutrality is not necessarily desirable or feasible. She argues that to prevent blurred roles between researcher and activist there needs to be a clear labour distinction; suggesting that researchers roles stop at the point of activism and can research from a place of neutrality as to not impose their view on the practice. Whilst I have picked specific terminology to use for this thesis, I recognise the dilemmas and implications this has and advocate the power of women being able to self-define.

Another note on terminology is the use of ‘affected’ communities and ‘practicing’ communities. The term ‘affected communities’ has recently been cited in a document

titled “Communities tackling Female Genital Mutilation in the UK- Best practice guide” (Khalifa and Brown, 2016). This was produced by the Tackling FGM movement set up in 2010 which consists of independent charitable organisations. They define the term ‘affected’ as the following; *“not only women and girls affected by or at risk of FGM but also other people within their social sphere”* (p9). This highlights that not only does FGC impact the girls and women that have been through FGC, but also those women who have not had FGC and the men within the community. This is an important reflection as FGC is often framed as a practice carried out by women for the benefit of men. The rationale Khalifa and Brown (2016) give for using the term affected as opposed to practicing is to *“reflect that communities have begun to abandon the practice and in recognition of the growing movement to end FGM in many countries”* (Khalifa and Brown, 2016, p9).

This suggests that whilst the term ‘affected communities’ reduces the possibility of blame, stigma and the assumption that FGC is a homogenous practice, it could also appear to reduce responsibility, agency and choice. Therefore, adding to a narrative that women need saving from a practice they are helplessly affected by. The term ‘practicing communities’, on the other hand, could increase the level of blame but also the level of perceived agency and power to change the practice.

1.4 Prevalence and countries affected

Latest estimates from UNICEF (2016) suggest that more than 200 million girls and women are living with FGC. Previous estimates suggested figures were around 100 to 140 million, this has increased due to population growth and new emerging data from Indonesia which has added 60 million girls and women to the statistics. More than half of these girls and women live in Egypt, Indonesia and Ethiopia. Furthermore, it is

estimated that three million girls globally are at risk of undergoing FGC every year (Kaplan-Marcusán *et al.*, 2010; UNFPA, 2018; UNICEF, 2018). UNICEF (2018) have, however, stated that data is not robust and that gaining accurate statistical data can be challenging, often leading to underestimation. This is partly because FGC is taboo, but also because some women do not know they have had any form of FGC. This is particularly true of women who undergo a ‘ceremonial’ cut, which is a small cut to the skin but no removal of flesh, that heals leaving little or no noticeable scarring. Similarly, there is little statistical data on where this type of FGC happens and how often. Thus, estimates of FGC vary, with some suggesting around 66,000 women in the UK (Kueppers, 2013), whilst other estimates suggest 100,000 females are living with the aftermath of FGC in the UK and 100-140 million worldwide (Dzerins, 2012; Foreign and common wealth office, 2012). It is believed that a further 20,000 females are at risk of FGC in the UK annually (FORWARD, 2007).

Whilst FGC is practiced globally, UNFPA (2018) report evidence of historic and current FGC practice across the world. In Africa, there are 29 countries which practice FGC this includes Egypt (92%), Gambia (75%), Somalia (98%) and Sudan (88%), to name a few. Some Asian countries including India, specifically the Dawoodi Bohra group, Indonesia, Philippines, Malaysia, Pakistan and Sri Lanka. Middle Eastern countries such as Oman, Yemen, Iran, Iraq, Palestine, Israel and the United Arab Emirates have also been documented as areas that practice FGC. Certain communities in South America also practice FGC including Ecuador, Panama, Peru and Colombia specifically the Embera indigenous tribe. Cases have also been reported in the upper Amazon tribes, the Arunta tribe in Australia and throughout the Russian federation (UNFPA, 2018; UNICEF, 2018).

As mentioned, the data is not clear for all countries and for some has not yet been published, the majority of published statistics are from countries in Africa.

FGC is not, however, a homogenous practice and within each country there are some ethnic groups and tribes which do not undergo FGC, and for those that do, the practice can vary (Kaplan-Marcusán *et al.*, 2010). Due to social displacement and migration communities that perform FGC are also situated in Europe, Canada, Australia and the United States (Mitchum, 2013). Recent adoption of the practice is also linked to copying the traditions of neighbouring groups or as part of a religious or traditional movement (WHO, 2018; UNFPA, 2018).

1.5 Law against FGC

In 1952, the UN Human rights commission adopted the first resolution on FGC, and state members have been encouraged to adopt legislative initiatives. However, despite this, the practice is ongoing and the UNICEF Innocenti centre states it “*continues to be one of the most persistent and omnipresent violations of human rights, and which is also tolerated in silence*” (Kaplan-Marcusán *et al.*, 2010, p2).

FGC is outlawed in the UK under the Prohibition of Female Circumcision Act 1985 and Female Genital Mutilation Act 2003. It is illegal to perform FGC in the UK or to take girls and women from the UK to a foreign country for the procedure. It is also an offence to aid a female to mutilate her own genitalia. It does not, however, protect girls and women who do not have permanent residency in the UK (Hopkins, 1999; Relph *et al.*, 2013).

Currently in the UK no prosecutions for FGC have been made, however, Dr Ahmed, a General Practitioner (GP) in the UK, was struck off the register when the Channel 4 documentary '*Cutting the Rose*' showed him agreeing to perform female circumcision on three girls in his home for £50 (Dyer, 2001). The maximum sentence for carrying out FGC in the UK is 14 years imprisonment. It has been suggested by Kueppers (2013) that prosecution in the UK needs to be made easier and cases need bringing forward to court. In comparison France, has over 100 prosecutions; it has been suggested that many girls from France are being sent to Britain to have FGC, as the country is regarded to have a soft legal process (Stanton, 2012). FGC is also outlawed in other countries around the world, the penalties range from six months to life imprisonment and some involve monetary fines.

1.6 Addressing FGC in the UK

In 2011, the number of women and girl's resident in England and Wales and having undergone FGC was estimated to be 137,000 (Macfarlane and Dorkenoo, 2015). It therefore seemed relevant that the UK addressed the practice. In 2010, the British Government pledged £35 million towards researching the most effective route to eradicating FGC, both in and outside the UK in the most cost-effective way (Ford, 2013). It is hoped by activists and the British Government that FGC will be eliminated in the next generation of children, through engaging with schools, social workers and health practitioners (Kueppers, 2013). Despite these efforts, FGC is still thought to be practised due to it being embedded in culture and norms, the justifications for FGC are described more below (1.9) and in the coming chapters.

Considering the local demographics of Leicester, it was recently classified as one of the cities with the highest prevalence of FGC along with London, Manchester, Slough and

Bristol (Macfarlane and Dorkenoo, 2015). In addition, Leicester has specific FGC services. This has included an FGC medical clinic at the hospital, two FGC community education projects and an FGM task and finish group comprising of NHS professionals, the police and safe guarding leads. Leicester is well known for its diverse multicultural society and it has been estimated that Leicester has hosted between 6-9,000 Somalis (Daahir, 2013); a community in which there is a 97.9% expected cut rate with 79% of these being type 3 the most severe form of FGC, that's an estimated 2.5 million girls aged 15+ that have been cut (Orchid Project, n.d.). This is not to suggest that FGC only happens in Somali communities, however is meant to demonstrate the likelihood of women with FGC residing in Leicester.

1.7 Justifications of FGC from the perspectives of affected communities

With the previously listed guiding questions in mind, I reviewed the justifications given for FGC by affected communities in grey literature, book chapters, material from charity and government organisations and media documents. There are various reasons given for why FGC is practiced, some of which are unique to certain communities whilst others appear to be more universal. The most common being religious, cultural, socio-economic, gender norms and sexual control, and hygiene and aesthetics. These justifications are further outlined below and will be built upon in chapter Two with empirical research on FGC.

1.7.1 Religious reasons

Religion is sometimes used to justify FGC within affected communities and is practiced in Muslim, Christian and Jewish faiths, but also amongst Atheists and some traditional African religions (Whitehorn, Ayonrinde and Maingay, 2002). It predates both

Christianity and Islam and has been revealed by some religious scholars, that it is not recommended in religious texts such as the Bible or Quran (Momoh, 2005; Kwateng-Kluytse, 2006 cited by Lhbsu, 2009; UNFPA, 2018).

Religious leaders, whilst identified as playing an important role in the discontinuation of the practice, are thought to take varying positions and stances on FGC being a religious requirement known as Sunnah or a cultural practice. Some religious leaders advocate the practice, for example, a British Imam of a Bristol mosque Mohammed Abdul, whereas others such as Sheikh Tayeb Mustapha Cham are against the practice arguing it goes against Islamic teaching to do no harm (Human Rights Watch, 2010; Garland, 2012; Topping, 2014; World Health Organization, 2016).

Furthermore, some mothers and traditional midwives call the practice Sunnah meaning a practice that is religiously recommended or that it was done that way in the times of the prophet Mohammed (Stop FGM Mid East Org, n.d.). However, it is not practiced amongst all ethnic groups and communities that follow these religions. For example, FGC is not known to be practiced in the Islamic countries of Saudi Arabia or Pakistan. Supporting this, UNFPA (2018) states that FGC is a cultural practice as opposed to a religious one.

1.7.2 Cultural reasons

FGC has also been identified as a strong social norm and ‘cultural tradition’ intrinsic to the communities’ cultural heritage and considered by some as necessary to prepare a girl for adulthood and marriage; with heavy social pressure to conform (Johnson, Ali and Shipp, 2009; WHO, 2016; UNFPA, 2018). Girls and women who do not undergo the practice can be rejected and ostracised from their communities and regarded more

negatively. For example, in Uganda, a girl who has not had FGC may not be allowed to get married, speak in front of elders or hold any position of responsibility (Momoh, 2005). Furthermore, FGC is more likely to be carried out where it is believed that FGC is an important prerequisite for marriage and therefore increases marriageability and social mobility (WHO, 2016). Therefore, performing FGC is thought to guarantee a girl a semi-successful life. Mitchum (2013, p586) explains that this can put parents in an extremely difficult situation with no real choice,

“On one hand, forcing her to undergo this surgery may violate international human rights instruments because of the deprivation of her bodily integrity. On the other hand, the parents can allow their daughter to avoid the mutilation by protecting her personal autonomy, only to realise that she could encounter embarrassment, humiliation, and alienation for failing to undergo a culturally recognised tradition.”

FGC may also be carried out as an initiation or ‘rite of passage’ from childhood to womanhood. This can include a celebration with traditional dancing and food, the girl may also receive money, clothing, gifts (Johnson, Ali and Shipp, 2009; Mitchum, 2013). In some communities, where girls undergo FGC at adolescence, they may have to ask village elders if they can be initiated into womanhood. During this time, they learn about marriage and giving birth and after are deemed as having a higher status, this practice is often the only time a woman is celebrated in societies that only celebrate manhood (Njambi, 2004). This initiation process is said to bond the girls together forming strong kinship relationships.

1.7.3 Socio-economic reasons

As mentioned, FGC can be a prerequisite for marriage, as it is believed to prove virginity. In some affected communities, a bride price or dowry still holds value, and FGC may increase the price. Furthermore, the right to inherit, for example, property or live stock is sometimes policed by whether or not the woman has undergone FGC, therefore economics can be a major driver for FGC to continue (UNFPA, 2018). It is also worth noting that being a ‘cutter’ in most communities is associated with prestige, power and status. Historically, women have been financially dependent on men, so for a female ‘cutter’ this can provide some financial and economic freedom (Sundby, Essén and Johansen, 2013). It is a profession that is often passed down through families, women often do not get to opt in and out of the role. It is deemed an honour to get chosen as the next ‘cutter’ and has also been linked with a spiritual healing and ability (Momoh, 2005; Sundby, Essén and Johansen, 2013). Many grass root projects work with ‘cutters’ and run re-skilling programs providing them with a new form of income, this is often done in forms of selling crafts, rearing animals or growing crops (Plan International Org, n.d.).

1.7.4 Gender norms and sexual control

Sexual politics, and what is considered as acceptable sexual behaviour, has a very central and influencing role in the practice of FGC. It is well documented by several authors that a justification for FGC has been to control women’s sexual behaviour. For example, Mitchum (2013, p595) wrote how women have been described as “*fundamentally sexual creatures and naturally promiscuous*” and Dorkenno (1994) drew comparisons between the chastity belt and infibulation. It is thought by some affected communities that FGC can ensure premarital virginity, protect from rape, reduce the woman’s libido to prevent extra marital sex, and reduce her sexual pleasure whilst increasing her husband’s pleasure

due to a smaller vaginal opening. It has also been argued that cutting the clitoris reduces the sex drive of women, therefore allowing the sex drive of women and men to be matched; this is said to ensure men do not feel emasculated by women's high sex drives (Almroth *et al.*, 2001; Momoh, 2005; Berggren and *et al.*, 2006; Johnson, Ali and Shipp, 2009; Mitchum, 2013; UNFPA, 2018; World Health Organization, 2018).

1.7.5 Hygiene and aesthetics

Many affected communities believe that the external genitalia of a woman, especially the clitoris, are dirty and not aesthetically pleasing. FGC is therefore practiced to ensure cleanliness, and eliminate odour and poison from the genitalia (Momoh, 2005; Mitchum, 2013; UNFPA, 2018). FGC is further linked to cultural ideals of femininity and the idea that girls need to remove unclean, unfeminine or male body parts in order to be beautiful and clean (WHO, 2018).

1.7.6 Other reasons

Several affected communities have unique reasons for the practice of FGC. For example, the Dogon tribe in Mali remove the clitoris to prevent the death of a child when born vaginally (Dorkenno, 1994). The Tagouna and Bambara tribe believe sperm can reach an uncircumcised mother's milk and affect the child and that the clitoris releases poison on the penis which kills the man (Dorkenno, 1994). Some areas of Ethiopia believe that a woman's uncircumcised genitalia will grow and form into male genitalia, so FGC removes the 'masculine' part of her body (Dorkenno, 1994; Mitchum, 2013). Daly (1978a) adds to the discussion around how FGC became widespread and quotes Benoit Groult that the royal mummies of Cleopatra and Nefertiti are believed to lack clitorises,

suggesting that FGC started in upper class girls as a rite of passage and then spread to the lower classes.

1.8 Medical implications of FGC

FGC can have a number of physical and psychological implications, although the physical implications have been documented and researched more widely in comparison. There are both short-term and long-term physical implications of FGC including; pain, bleeding, haemorrhage, shock, infections such as Hepatitis C and HIV, urinary tract infections, fistulas, cysts, keloids, pain during sex and infertility. The pain and fear can cause girls to retain urine after the procedure leading to bladder and kidney infections or bladder stones. Type 3 can also cause dysmenorrhoea, painful menstruation, as menstrual blood cannot be released from the body properly. Women can also die from FGC, although the exact number is unknown, as many areas where it is performed do not keep accurate death records. However, reports estimate that 70 out of 1000 women will die from FGC (Dorkenoo, 1994).

In addition to this, obstetric complications are common and type three FGC in particular can contribute to complications during pregnancy, labour and the postpartum period. Complications further include difficulties collecting urine samples, vaginal swabs and carrying out vaginal examinations (Daley, 2004; Rushwan, 2013). Women with FGC might be more likely to experience prolonged labour and interventions such as caesarean sections and episiotomy (cutting) (Bikoo, 2007; Lhbsu, 2009; Straus, McEwen and Hussein, 2009; Chibber, El-Saleh and Elharmi, 2011). Finally, it was also noted that children born to women with FGC were more likely to experience perinatal death (WHO, 2018), as well as physical complications during birth. It has been highlighted that midwives can sometimes display negative attitudes and poor knowledge of FGC, possibly

because FGC is not a core part of midwifery training despite the fact that midwives do sometimes care for women with FGC (Bikoo *et al.*, 2006; Bikoo, 2007).

Anxiety, depression and post-traumatic stress disorder are thought to be common psychological issues associated with FGC. It has been noted that many women have nightmares and become very distressed when faced with conversation or pictures of FGC (NSPCC, n.d.). These may not occur straight away especially if the practice was done during the first few years of life as they may not fully remember or may have suppressed it. Psychological issues can be subtle or non-existent even up until the woman has sexual intercourse for the first time or is in labour and is faced with many women or birth attendants around her, which can trigger painful memories. Women with FGC have been reported to faint and black out due to such psychological stress (NSPCC, n.d.; Dorkenoo, 1994).

1.9 Debates, dilemmas and controversies

There have been a handful of debates, dilemmas and controversies surrounding FGC in western media and scholarly literature. These often focus on consent and agency, if a harm reduction approach should be taken, the double standard of western body modification, unreliable statistical data and categories, and the comparison with male circumcision. This subsection will briefly highlight these dilemmas to further contextualise this thesis.

1.9.1 Consent and awareness

There has been debate around women's right to choose to have FGC if performed at an older age, for example 18. Indeed, the FGC laws in countries such as the US only protect women until the age of 18 (Mitchum, 2013). This could suggest that after this age they

have the capacity to give consent to the practice. The issue arises when we consider how much this consent is firstly informed, and secondly, free from social pressures as communities that practice FGC often expect that women stay virgins until marriage. In these circumstances, FGC is believed to maintain virginity and therefore seen as a prerequisite for marriage. It is unlikely that women fully understand how FGC may impact, for example their sex lives and their experiences of birth. So, whilst they may be aware of these as possible implications, they will have nothing to compare it to. The debate was televised by BBC Hard Talk (2016), where two women discussed their lived experiences of the procedure and its implications. One woman had chosen to have FGC as an adult and did not feel that it had negatively impacted her sex life or health and the other had the procedure done to her as a child and felt that something had been taken away from her. Both the women had very different experiences and views of the practice and its implications.

1.9.2 Taking a harm reduction approach

The above point leads to another debate concerning a harm reduction approach. This would see a medicalised version of FGC being practised by a doctor, using anaesthetics. American gynaecologists Arora and Jacobs (2016) controversially suggested what they call a compromise solution to FGC. Using the term Female Genital Alteration (FGA), they recategorised the types into five categories based on the health effects and lasting impact. They suggest that category one would be a suitable harm reduction, involving “*a small nick to the vulva skin*” (Arora and Jacobs 2016, p150) and should not have any lasting effect on the girl. They argue that this could be culturally and ethically sensitive as well as being practical. They argue that “*certain procedures should be tolerated by liberal societies*” (2016, p149) especially where other body modifications are tolerated

and promoted, as mentioned below. They also draw comparisons to male circumcision and the importance these practices play in gender identities. However, Sundby, Essen and Johansen (2013) and Shahvisi (2016) argue that a harm reduction approach is still problematic as FGC has no health benefits and has been framed as a human rights issue.

Some communities have started to adopt alternative practices which have a symbolic meaning and representation of FGC as opposed to the actual cutting. An example of this is the Maasai community in Kenya, who instead of FGC promote an alternative whereby the girls head is shaved, and she has milk poured on her thighs. There are still some women who are cut but this is thought to be reducing due to the alternative which was created by community members (Teno, 2014). Another example is the 'Laying Down the Knife Ceremony' in The Gambia, which encourage circumcisers to pledge to not cut any more girls (Hoover, 2015). The effectiveness of such alternatives is hard to evaluate and there are limited records of the different approach's communities are taking.

1.9.3 Western body modification

One controversial issue with FGC is the comparison to western body modifications in particular labia reduction, and other genital surgeries in the quest for what has been called a 'designer vagina'. These practices are very much framed as cosmetic and therefore deemed more socially acceptable. Momoh (2005) poses the question as to whether western communities have a double standard, whereby it is unacceptable to have had FGC but body piercings, designer vaginas and breast implants are acceptable; and in some cases, even encouraged. Dorkenoo (1994) supports this by highlighting that British women have cosmetic surgery to remove the hood of the clitoris to achieve orgasms and reduction of the labia minora for cosmetic reasons.

In addition, this double standard can also be seen in the classification of type four FGC; which includes genital piercings (WHO, 2018). However, in the UK it is not illegal for women to have genital piercings in a shop for approximately £50. As this is not against the law it could potentially drive FGC underground, if for example, legal genital piercings were to become an alternative and modified version, similar to type 4 practices of FGC. This double standard and representation of mutilation and modification creates ‘othering’, whereby ethnic and cultural groups appear to be placed on a spectrum of acceptable genital practices. This raises questions around consent, agency and cultural relativism which are discussed in chapter Three of this thesis.

1.9.4 Accuracy of typologies and statistical data

As noted above, there is some discrepancy with type 4 FGC and the ability to legally get a genital piercing in the UK. In addition to this there could also be personal discrepancies where women, and in fact GP’s, may not always be familiar with the types of FGC so the reporting of the type could also be inaccurate. This can further create inaccurate data when for example, the reporting of all FGC cases in the UK is now mandatory amongst health professionals (Home Office, 2016). However, this is likely to be a complex and complicated task, surrounded by political debate and correctness since, according to the WHO (2016) definition, women with genital piercings technically fall under the definition of FGC, so will need to be reported. This is likely to lead to an untrue representation within statistical data of FGC, unless reports are categorised by ethnic groups which is problematic in itself.

1.9.5 Comparison to male circumcision

Finally, whilst not discussed or reviewed in this thesis due to space, it is worth noting the common debate and comparison of FGC to male circumcision, which is still legal in most countries which have made FGC illegal. The two practices are commonly compared by both people inside and outside of affected communities; often believing they are similar and in particular in relation to human rights and autonomy over the body (Earp, 2014). Male circumcision is often seen as having health benefits and no negative impacts (Earp, 2015). However, Earp (2015) notes that there are actually similarities between the two and should therefore be considered within an ethical discourse as opposed to a gendered or sexed one. These similarities include the procedures being carried on the genital area for non-medical reasons, the lack of consent and both involving incisions being made.

1.10 FGC and feminism

FGC has been a controversial issue amongst feminist groups and has been conceptualised and approached in various ways depending on the priorities of the specific strand of feminism and the lens applied. Wade (2009) states that it is important for academics to consider the conflicts and tensions between the different feminist approaches, towards the practice of FGC. The two main arguments are posed by those who follow ‘anti- FGM discourse’ such as western and radical feminists, or those who prioritise cultural relativism, representation and identity such as postcolonial feminists. Furthermore, Hellsten (2004) highlights that the majority of the debates around FGC are set within the framework of individual rights versus collective cultural rights. This not only impacts the way the practice is viewed, but also approaches to prevention and activism. Those arguing against the practice, tend to focus on universal human rights and autonomy, whereas those who support the practice lean towards the argument that cultural identity and rights need

protecting. This subsection will consider the positions offered on western, radical and postcolonial approaches to FGC. It is important to note that not all feminist scholars and activists aligned with these strands will hold the same views, however for the purpose of this overview the key authors views will be mentioned.

One of the first lenses to consider FGC was western feminism, this usually refers to *“feminism defined mostly by the United States and the advances for women’s rights that have ensued. Narrow and exclusive to the United States because of the particularly liberal climate”* (Dixon, 2011, p1). Historically this strand of feminism has been linked to Susan Anthony and the Women’s Suffrage Association (1869), Margaret Sanger and women’s reproductive rights (1920’s) and Betty Freidan (1963) who highlighted the inequalities of women as housewives and free labour (Dixon, 2011). Western feminist discourse has typically framed FGC within the wider framework of patriarchy and violence against women and girls, with a particular focus on human rights and sexual liberation (Krantz and Garcia-Moreno, 2005). It also portrays FGC and therefore communities who are affected by FGC as being barbaric (Moruzzi, 2005). FGC has also been labelled through western feminism as a *“crime of gender, torture, barbarism and ritualised torturous abuse”* (Korieh, 2005, p112 cited in Nnaemeka, 2005). For example, Fran Hosken (1979) a feminist and social activist from America, coined the term Female Genital Mutilation (FGM) and viewed the practice as a way to control women’s sexuality and keep them dependent and submissive; she claimed it was an extreme gender oppression ‘in Africa’ (Hosken, 1979 cited in Mohanty, 1988).

Similar to western feminist approaches to FGC, radical feminists frame FGC as abuse within a patriarchal society. Radical feminism has three main claims; that gender is

socially constructed, that all women are oppressed by men and that this oppression has primacy over all oppressions (Andermahr, Lovell and Wolkowitz, 2000). This is challenged by the concept of intersectionality, coined by Kimberle Crenshaw (1989), which will be discussed in chapter Four. One example of how FGC may be framed by radical feminism is the work of Daly (1978b) an American radical feminist, who called women's views of FGC ignorant and suggested that women who support the practice comply with sexism. She argued that the practice uses women as 'scapegoats and token torturers' as it is carried out by women on women, and that this Sado-ritual syndrome teaches women to endure pain and murder their own divinity (Daly, 1978a).

Western and radical feminist approaches to FGC have been criticised largely by those who adopt postcolonial approaches, Wade (2009, p1) highlights how the *"postcolonial critique... turned attention away from FGCs themselves to the western feminist discourse about FGCs"*. One of the criticisms was at their stance of superiority and suggestion that women need to be rescued. This narrative is believed to further silence women, particularly when presented in a binary of modernity and barbarism. Moruzzi (2005), as a political scientist, further argues that western feminism, particularly that of an institutional nature, simplifies FGC as abuse by women on women, as opposed to abuse by men; which further defines them as victims as opposed to agents. Additionally, western feminist discourse has been critiqued for not being applicable to all women globally who do not enjoy the same rights as some American women. Furthermore, western feminist discourse is critiqued for lack of recognition that those who benefit from social change first are often white middle-class women (Dixon, 2011). Moreover, according to Abusharaf (1995), western feminist scholars fail to document the whole of women's experiences of FGC by simply implying it is barbaric with only negative

implications. This fails to address the socio-cultural context and perceived justifications. Abusharaf (1995) argues there are complex notions of economic power, male authority and social honour, which contribute to women's economic dependence on men, which inform and contextualise FGC. She stresses the need to consider FGC in relation to the wider role it plays in society and further criticises feminist representational discourses for not addressing and contextualising societal forces that regulate female sexuality.

In challenge to western feminism, postcolonial feminists have argued that there needs to be more representation of those being researched. Andermahr, Lovell and Wolkowitz (2000) highlight that representation is important to feminist activists and scholars as their aim is for women to represent themselves. However, it has often been the case that all women's voices have been portrayed by a particular type of woman, usually being white middle-class women. Postcolonial and transnational feminist Mohanty (1988) supports this by highlighting the tendency for the primary reference for theory and praxis to be 'the west'. One example she gives of this is when "*writers...codify others as non-western and hence themselves as (implicitly) western*" (Mohanty, 1988, p334). Furthermore, it could be argued that western feminist discourse could be seen as an intrusion, as it is not always compatible with the cultural norms and values of other countries (Dixon, 2011). This can be seen in the tensions around terminology, for example Hosken's (1976, 1981) use of FGM which could be seen as euro-centric.

In contrast, postcolonial theory offers an alternative lens to critically analyse the impact of colonialism on countries where FGC is practiced, it considers colonisation, decolonisation and the neo-colonising process (Mambrol, 2016). Neo-colonising occurs

when an independent state has its economic and political systems influenced and directed from the outside (Nkrumah, 1956). Postcolonialism “*claims the right of all people on this earth to the same material and cultural well-being*” (Young, 2003, p2). It is further concerned with political policy regarding exploitation and poverty, additionally it aims to present power structures with alternative perspectives and knowledge (Young, 2003). As well as considering power dynamics and the complexity of intersecting cultures, it takes into account; cultural and gendered identity, language, subjectivity and power to analyse ethical and political concerns. Using postcolonial theory to frame FGC, Wynter (1997) questions the way that the west prioritised the eradication of FGC, over for example, hunger and claims that the west has a ‘monopoly of humanity’. Njambi (2004) makes a similar point to Wynter (1997) in stating that due to colonialism the west is in a powerful position to intervene in people’s lives that live outside of this monopoly of power. The anti-FGM movement has taken a powerful position to focus on the genitals of African women, often failing to recognise that FGC also happens in non-African cultures, such as Yemen, Iraqi Kurdistan, and Indonesia.

Furthermore, Njambi highlights that western discourse often fails to explore the similarities and differences between FGC and western bodily modification practices. This creates a picture that the west appears free and liberated whilst Africa is torturous (Njambi, 2004). In addition to this, Njambi (2004) highlights how colonial literature, reflects a narrative of a universal ‘natural’ female body, which is viewed as separate from culture. Arguing that the female body and culture are separate, can be problematic as it assumes that the body is not shaped by culture. This view is also opposed by many such as Shweder (2000) and Boddy (1982) who argue that understanding the role of culture in FGC is crucial, this is discussed in more depth in chapter Three.

As noted above, Wade (2009) considers a postcolonial approach to critique western feminism and its “anti-FGM” discourse; and argues that western feminism recreates racist and imperialist narratives. Wade argues that the way affected communities are framed as cruel, helpless and ignorant as well as culturally inferior, is problematic as it fails to culturally contextualise the phenomena and takes a stance of superiority. In particular through: terminology such as mutilation; erasing similarities of patriarchal oppression; and suggesting that African women have no autonomy.

Complementary to postcolonial approaches to FGC, anthropologist Abusharaf (1995) advocates the use of a feminist representational lens, which focuses on how women and phenomena are represented and by whom. Abusharaf (1995) argues there is a strong tendency in debates on FGC to over emphasise the impact on women’s sexual pleasure, instead of the ability to marry. Yet, this is often what is secured through the practice of FGC. She highlights that this over emphasis on women’s sexual pleasure can in turn distance studies from the wider issues surrounding women’s rights, such as economic independence through education and income. Abusharaf (1995) therefore stresses the importance of looking at FGC in relation to the wider role it plays in society.

These different feminist responses to FGC highlights the complexity of the topic and some of the tensions surrounding its study. Taking consideration of these is particularly important when researching sensitive phenomena, in order to ensure research is more responsible in the knowledge it produces and the impacts this has.

1.11 Structure of thesis

This overview of FGC has prompted me to consider the ways in which FGC is embodied and understood in the UK by those in affected communities. The structure of this thesis is arranged into ten chapters, including this introduction. Chapter Two consists of an empirical literature review and considers existing sociological and anthropological studies on FGC. The themes include justifications of FGC including men's perspectives and acquired knowledge, the continuation of FGC after migration, the impact of FGC on women's sexuality and on their gendered identity. Following this, chapter Three is a conceptual literature review concerning the role of the body and culture, cultural relativism and essentialism, cultural identity, body norms and women's sexuality and patriarchy versus women's agency and autonomy. This chapter brings together different bodies of academic discourse to frame the complexity of FGC and highlight the multiple ways it is both understood and experienced. Chapter Four presents the philosophical and theoretical underpinnings of this thesis, which is a feminist phenomenological approach. It also presents other authors which are drawn upon including; the work of Merleau-Ponty (1945), Judith Butler (1988) and Kimberle Crenshaw (1989). Finally, this chapter reviews embodiment and body politics, and cultural lenses to understanding FGC. Chapter Five details an account of the methodological approach, sample, positionality and reflections on the data collection process.

The next four chapters, Six, Seven, Eight and Nine present the empirical data which was collected via interviews, as part of this thesis. Chapter Six describes the ways in which FGC was justified to control women's bodies and sexuality, as well as being justified as part of a gender and cultural identity. Chapter Seven presents data from both women who have undergone FGC, described as embodied implications, and women without FGC and

men from affected communities, described as cultural discursive commentary. This data spans three main themes of the body, sexuality and identity. It also discusses the implications migration had on identity and the knock-on effect this had on FGC. The Eighth Chapter of this thesis presents findings around the phenomena being taboo and the element of choice, whilst Chapter Nine considers conflicts around FGC due to a difference in generational views and patterns of migration.

The final chapter, Chapter Ten is a discussion of the findings in relation to the theoretical and conceptual frameworks of Merleau-Ponty, Judith Butler and Kimberle Crenshaw, which are reviewed in chapter Four. It is here that the original contribution to knowledge is discussed in detail, to briefly summarise this original contribution this thesis has found that the meaning-making ascribed to FGC varies in the UK and this often influenced the ways in which it was spoke about and terminology used, it has highlighted an internal conflict regarding gender identity when living in the UK, it also highlighted how men believed that FGC was practised to reduce women's sexual desires but the majority did not want to marry a woman that had undergone FGC as they recognised from their male friends and family members that this could cause issues in the marriage as the woman may not desire sex often or at all. I also demonstrate original contribution to knowledge in the combination of phenomenology and feminist theory including intersectionality as a concept. This is the first study in this area to combine these theoretical lenses, I also suggest a novel way of operationalising intersectionality by adding FGC as a dimension as opposed to simply applying the model to FGC. This is because FGC shapes the understanding of the other dimensions within the model such as gender and ethnicity but simultaneously FGC is understood and ascribed meaning to by these dimensions. This concluding chapter also makes recommendations for future research.

Chapter Two: Literature review

2.1 Introduction

This chapter summarises a literature review of sociological and anthropological empirical research on FGC to highlight key findings and potential gaps in current published research. This literature review was initially carried out in 2015, followed up with subsequent searches to include up-to-date research. Five databases (Academic Search Premier, Scopus, British Nursing Index, Science Direct, Cumulative Index of Nursing and Allied Health Literature) and Google Scholar were used in this literature review. The key search terms used in various combinations included; FGC, FGM, Female Circumcision, attitudes, beliefs, perspectives, experience, UK, migration, sexual impact, and men's views. I included empirical studies from 1997 as this was the earliest date available on the majority of databases.

Current research in this area has predominantly focused on the medical implications of the practice, in particular, childbirth complications and healthcare experiences. Such literature has also largely been associated with the prevention of FGC and raising awareness of health risks, policy and practice changes. In order to better identify my research questions, I excluded medical, law and psychological studies and focused on sociological and anthropological studies. The studies I discuss in this chapter focus predominantly on the beliefs, attitudes, and perspectives of women with FGC.

In total, the literature review included 29 empirical studies from across the world, including; Switzerland, Norway, Sweden, Spain, Italy, USA, Somali, Yemen, Sudan, and Egypt. However, the subsection on migration includes only UK studies as my research is in a UK context. In total, seven studies were based in the UK (Morison *et al.*, 2004;

Norman et al, 2009; Oguntoye *et al.*, 2009; Hussein, 2010; Safari, 2013; O'Neill *et al.*, 2016; Norman, Gegzabher and Otoo-oyortey, 2016).

The majority of empirical studies on FGC from across the world report women's views and physical experiences and complications and are presented throughout this review. As my study included men, I also wanted to review literature that specifically considered men's views and experiences. In total twelve studies on men's perspectives were identified, which included men and considered their attitudes, beliefs, perspectives, knowledge, in-direct physical complications and involvement in FGC (Allam *et al.*, 2001; Almroth *et al.*, 2001; Berggren *et al.*, 2006; Johnsdotter *et al.*, 2009; Fahmy, El-Mouelhy and Ragab, 2010; Al-Khulaidi *et al.*, 2013; Gele, Bø and Sundby, 2013; Kaplan *et al.*, 2013; Johnson-Agbakwu *et al.*, 2014; Ruiz *et al.*, 2014); two of which were from the UK (Morison *et al.*, 2004; O'Neill *et al.*, 2016).

The main research themes considered in the studies I identified on FGC were: attitudes towards FGC, cultural experiences and migration to the UK, the impact of FGC on sex and marriage and changes in beliefs and attitudes. This review is presented thematically covering two main lines of enquiry from within the sociological and anthropological literature; 1) studies considering the justifications and continuation of FGC, 2) studies examining implications of FGC on women's sexuality and gendered identity.

2.2 Justifications given for FGC and its continuation

As discussed in chapter One, there are many reported justifications given for the practice of FGC including; religion, cultural, economic, hygiene and aesthetics, patriarchy and in particular sexual control. Berg and Denison (2013) conducted a literature review of 21 studies which summarised six key factors in the continuation of FGC including; cultural

tradition, sexual morals, marriageability, religion, health benefits, and male sexual enjoyment. Of these six factors, three of them strongly linked to patriarchal attitudes; sexual morals, marriageability and male sexual enjoyment (Allam *et al.*, 2001; Al-Khulaidi *et al.*, 2013; Gele, Bø and Sundby, 2013; Ruiz *et al.*, 2014). In addition to considering the points raised from Berg and Denison's review, I have also included specific sub-sections in this literature review which consult studies on men's attitudes to FGC and children's perceptions and acquired knowledge of the practice. It was evident that there was a lack of data on these perspectives.

The reasons for the continuation of FGC as reported by the 29 studies in this literature review are categorised into sub-themes presented as follows: Assimilation, integration and passing on culture; The impacts of migration and FGC on cultural and gendered identity; Migration as a catalyst for changing attitudes towards FGC. One of my research aims was to explore the complex reasons why FGC continues in the UK, consulting literature which focused on the continuation of FGC highlighted migration as a useful lens. As previously mentioned, I will only address the sociological and anthropological studies focusing on affected communities that have migrated to the UK, where my research is based. This is due to migration experiences varying depending upon the structures in place in the country moved to such as; existing support networks, culturally specific services, language, religion, similar customs, and traditions. There are similar studies that discuss FGC and migration from Europe, America and Canada that the reader may wish to consult (Allotey, Manderson and Grover, 2001; Anuforo, Oyedele and Pacquiao, 2004; Kalev, 2004; Thierfelder, 2005; Kaplan-Marcusan *et al.*, 2009; Khaja *et al.*, 2009; Gele, Johansen and Sundby, 2012; Berg and Denison, 2013; Isman, Ekéus and Berggren, 2013; Vissandjée *et al.*, 2014; Ruiz *et al.*, 2014; Mesplé-Somps, 2016). In

summary, these studies demonstrate the complexity of FGC and continuation post-migration. FGC was found to be a strong social identity marker for some, and others continued supporting the practice despite being aware of the health implications and human rights arguments.

2.2.1 Assimilation, integration and passing on culture

I consider here the studies on FGC which have identified assimilation as an important factor in the continuation of FGC. Assimilation has been defined by Valtonen (2008) as *“a process of interpenetration and fusion in which persons and groups can acquire the memories, sentiments, and attitudes of other persons and groups, and, in the process...are incorporated with them in a common cultural life”* (p65-66). It has also been described as the process of immigrant communities seeking social connections with non-immigrants (Gans, 2007). Integration, on the other hand, often refers to a relationship with the whole (in this case the host society), whilst boundaries and distinct attributes still remain clear (Holzner, 1967). It is important to note that these terms are controversial and have been defined and applied differently. I am not using these terms or positioning myself in relation to them, but rather highlighting other studies which have used them.

One of the first UK sociological studies to consider the age of arrival in Britain and the experiences and attitudes of FGC in Somali women and men was carried out by Morison *et al* (2004). Interestingly the girls that arrived in Britain before the age of six (the usual age that the practice occurs) were less likely to have undergone FGC (42%) in comparison to the girls that arrived age 11 or older (91%). Similarly, half the boys that arrived in Britain aged 11 or older desired their wife to have undergone FGC, in comparison to only a quarter of those that arrived younger than 11. Furthermore, 43% of males and 18% of

females intended for their daughters to undergo FGC (Morison *et al.*, 2004). This strongly indicates that the length of time since migration can contribute to less supportive attitudes towards FGC, which could be influenced due to the host culture not supporting the practice. The length of time they had lived in the UK, increased the likelihood of them being open to marrying women who had not been through FGC or who were non-Somali. Women's and men's intentions to perform FGC on potential daughters also varied by age of arrival and was an important factor for men when choosing a woman to marry. They found that new arrivers and older men were more likely to have traditional views on FGC.

Morison *et al* (2004) define assimilation as members of ethnic minorities taking on the host culture over a period of time. They measured assimilation by considering the choice of clothing, language and time spent socialising with British friends. They highlight the complexities of using the term assimilation and making generalisations about the process, as some people might assimilate in some areas of their life, but not in other areas. They concluded that assimilation was greater in those who moved to Britain at a young age, they were also more like to reject the common beliefs that underpin FGC based on sexuality, marriage, and religion. Morison *et al* (2004) recommend future research to explore the dynamics of assimilation and the impact this has on the abandonment of FGC and how abandoning the practice impacts beliefs around sexuality. This is important because one of the main reasons given for the practice is to control women's sexuality and ensure their virginity before marriage, which was still of high importance even to the participants that arrived in the UK at a young age.

Building on this, Oguntoye *et al* (2009) conducted Participatory Ethnographic and Evaluative Research (PEER) method research with women in London and Bristol. They found that older women were the main supporters of FGC and women often feared the loss of their cultural identity and felt the need to continue passing on their culture, traditions, and knowledge to the next generation. According to this research, this could be one of the drivers and contributing factors to the continuation of FGC. In addition to Oguntoye *et al* (2009), another UK PEER study conducted in Essex and Norfolk (Norman, Gegzabher and Otoo-oyortey, 2016). This concluded that western culture was seen as a threat to cultural values and traditions and was seen to oversexualise children, FGC was therefore seen as more necessary in the UK. FGC was generally supported more by older participants, although there was an overall desire for there to be more support services within the UK that understood the psychological and physical consequences.

In addition to this, many women have reported negative feelings or experiences in relation to moving to the UK, however, it is unclear whether research has directly considered the correlation between these negative feelings and the continuation of FGC. As seen in the above studies by Morison *et al* (2004), Oguntoye *et al* (2009) and Norman, Gegzabher, and Otoo-Oyortey (2016) there is a strong correlation between assimilation and integration and developing a critical attitude towards FGC; for example, those who reported a sense of belonging had fewer positive views of FGC. For instance, Oguntoye *et al* (2009) and Hussein (2010) state that women in their studies found UK life challenging, lonely and isolating. Oguntoye found that when women came to the UK there was often a traumatising realisation of difference, as they found that women in the UK did not undergo FGC; resulting in feelings of resentment and loss of pleasure and sexuality. Furthermore, women worried about raising teens in the UK and felt that they

were losing their cultural identity, some women described counteracting this with holidays to Sudan and ensuring cultural values were passed on. It was suggested that this loss of cultural identity was evident in the generational changes in views surrounding FGC. Whilst the study does not report the direct correlation between integration and loss of cultural identity, women may feel this way because their teens have gone to school in the UK, speak English more and have other social networks outside of the family and community.

When trying to understand the continuation of FGC, migration appears to be a key lens which can highlight influencing factors as described in the studies above. This can include living around non-affected communities, change in gender norms and cultural values. In these studies, concepts of integration and assimilation have been applied to measure changes in attitudes and beliefs surrounding FGC post-migration. The studies show that beliefs supporting FGC can be both strengthened and weakened post-migration. Variations in migration experience such as the age of arrival, country of origin, existing community networks, isolation, and the law could influence women's experiences and attitudes of FGC (Morison *et al.*, 2004; Hussien, 2010). Understanding the role of migration in the continuation of FGC is useful in my research as it can help to assess the role of FGC in the production of normative cultural and gendered identities. I will also examine how women from affected communities, both with and without FGC, in the UK navigate their cultural and gendered identities, to add to the understating of the continuation of FGC (Chapter Six).

2.2.2 The impact of migration on identity in relation to FGC

As previously noted, cultural and gender identity are important justifications for FGC, it has been noted that migration impacts both of these identities which could have a knock-on effect to the practice of FGC (Whitehorn, Ayonrinde and Maingay, 2002; Guine and Moreno Fuentes, 2007; Norman, 2009; Hussein, 2010). Whitehorn, Ayonrinde and Maingay (2002) highlight how women from FGC affected communities usually have a migrative background. Often sharing similar experiences to that of a refugee, such as dealing with turmoil and conflict of arriving in a new country which impacts their identity. They argue that FGC is still ignorantly or secretly practised in countries such as the UK, due to the crucial role it plays in cultural identity. They suggest that FGC acts as an affirmation of cultural identity which is deemed important in preserving their culture, particularly when their racial and ethnic identity might be challenged in a country with different value systems (Whitehorn, Ayonrinde and Maingay, 2002). Furthermore, cultural practices such as FGC challenge western liberal frameworks as well as their ethical and legal frameworks as it is seen to violate women's fundamental human rights to freedom and life (Guine and Fuentes, 2007). This has been considered by other authors in terms of cultural relativism and discussed in the following chapter (Chapter Three).

Many affected communities have specific gender roles and gender identities, upon migration, these can be challenged and potentially changed. Norman *et al* (2009) explored women's experiences, perceptions, and beliefs and found that women in London were concerned about the change in gender roles, economic stability, and family structure. The main motivators of continuing the practice in the UK included; cultural identity, controlling female sexuality, cleanliness, and social status. In addition to this, Hussein (2010) explored Somali and Sudanese women's experiences, attitudes and perceptions of

FGC in Bristol. Sudanese women reported that migration had given them a stronger marriage, Somali women found that migration caused a change in gender roles and lifestyle such as the women having to financially provide for the family and look after the household, which impacted upon their marriage. Hussein (2010) recommends research to explore if the change in gender roles impacts or encourages the continuation of FGC. Gender roles can have complex impacts on decision making within the household. More significantly, it could reinforce FGC if the female gender identity is viewed as becoming more masculine, for example, if women have to work and become more financially and economically independent.

Studies such as Hussein's highlight that the length of time in the UK can improve feelings of being integrated and comfortable for some communities such as the Sudanese women, which could potentially lessen the desire to carry out FGC. However, with a steady increase of Somali immigrants in the UK, Morison *et al* (2004) highlights that a potential outcome could be an increase in positive attitudes towards FGC; as there are more community members in the UK which increases the sociocultural pressures to continue the practice, and new arrivals are likely to still hold positive attitudes to FGC as it is practically universal in Somalia.

2.2.3 Migration as a catalyst for changing attitudes towards FGC

A commonly explored sign of changing attitudes is whether or not the daughters of women with FGC have also undergone the practice (Norman *et al.*, 2009). Less obvious variables that could be explored include; de-infibulation, re-infibulation after birth, the appearance of uncut genitalia and the impact on gender identity of de-infibulated women particularly in the UK and other western countries.

One factor that may change due to migration is the amount of social pressure faced to continue the practice. Norman *et al* (2009) found that peer pressure and fears of being judged were strong social motivators to practice FGC. Women stated that living in the UK made it somewhat easier to not perform FGC on their daughters as they were not living with extended family. However, they did not completely escape the social pressure and experienced similar pressure when they visited 'home'. Some of the women felt more strongly about holding on to traditions in liberal countries like the UK and believed that some people perform FGC on their daughters for protection against, for example, having sex before marriage (Norman *et al.*, 2009). Berg and Denison (2013) support the argument that being in the UK can prompt a change in attitudes as the exposure to western thought models encouraged FGC to be questioned. They note the difficulties faced in trying to abandon the practice such as enforcement from the community in the form of bullying and reduced chances of marriage and the psychological impact of being different to people in their communities.

Further understanding of how migration can act as a catalyst for change in attitudes towards FGC can be gained by exploring attitudes towards de-infibulation in the UK. De-infibulation is often taboo and a sensitive topic, particularly for unmarried women who face social consequences for undergoing the procedure; such as men believing they have had sex before marriage (Safari, 2013). In a study that explored women's lived experiences after de-infibulation in the UK, Safari (2013) found three main themes that were of importance: the cultural meaning and social acceptability of de-infibulation; the consequences within the marital relationship; and the appearance of genitalia post-de-infibulation. Women expressed that the attitudes of de-infibulation were similar in the UK to attitudes in Somalia. However, single women still feared people finding out they

had undergone de-infibulation in the UK and worried they would be shamed, whilst married women who had discussed this with their husbands beforehand experienced fewer problems. Suggesting that men play a key role in the views and acceptability of de-infibulation.

Whilst this study does not explore in-depth the impact or correlation of being in the UK and de-infibulation, it does provide an insight into women's concerns and can be used as a guide to predict change in attitudes and beliefs. It also makes recommendations for health practitioners such as providing letters to state the medical benefits for de-infibulation and to reconsider partial de-infibulation like other EU countries.

In conclusion, there are very few studies that consider how attitudes of FGC change in affected communities who have migrated or have a migrative background, and little conclusion as to what acts as a catalyst for change, for example, is it less social pressure, being exposed to different cultures or education on FGC and the harmful effects (Morison *et al.*, 2004; Norman, 2009; Oguntoye *et al.*, 2009; Safari, 2013).

In addition to the above literature which considers the justifications for FGC and its continuation in the UK predominantly from the voices of women, this sub-section considers men's justifications and attitudes towards FGC. As noted above the majority of studies are from women's perspectives, despite men being identified as key in the continuation of the practice. In addition, this literature review considers two studies which report children's understanding of FGC (Schultz and Lien, 2013; Johansen, 2016). These studies both introduce the concept of meaning-making as useful when considering attitudes towards and the continuation of FGC. It is important to address here men's and

children's views on FGC, as their voices are often not included in the empirical research, in addition, my own research involves men.

2.2.4 Men's attitudes to FGC

As mentioned above the majority of studies on FGC consider women's perspectives, which are presented throughout this literature review. Men have however been identified as key players in the continuation of FGC and will be included in my research sample. It is for these reasons that I have chosen to specifically highlight men's studies separately. I will provide a critical review of the key studies which have directly considered men's attitudes, beliefs, perspectives and involvement in FGC.

A recent project called 'Men speak out' (O'Neill *et al.*, 2016) was carried out across the UK, Netherlands, and Belgium, to explore men's involvement in the practice of FGC. Using a snowballing recruitment technique, 60 in-depth interviews (20 per country) and nine focus groups (three per country) were conducted. Most men justified FGC through religion and tradition, although religious leaders who were interviewed in the UK did not believe that FGC was a religious practice. There was also a strong belief that FGC could control sexual desire and preserve virginity until marriage, which was seen as a requirement by most men in the study. Men also described women with FGC as clean and beautiful, in comparison to women without it. There were some generational differences with younger men describing women with FGC as less interested in sex, whereas older men were more likely to report health and sexual complications linked to FGC. Younger men also felt that the older men in the community would be a source of social pressure if they chose to marry a woman without FGC. It is unclear as to whether these results are generalised from all three countries or whether there was a significant difference.

Similarly, Ruiz *et al* (2014) conducted semi-structured interviews in Spain with nine men from Senegal and Mali. They found that cultural factors influenced men's support for FGC, this included sexual morals, religious values, hygiene, and sociocultural factors. The men described FGC as an act of cultural care, as it legitimated cultural identity, whilst supporting spiritual, physical and sexual health. Ruiz *et al* (2014), argue that men's justifications have pseudo-paternalistic tones, as they justify FGC as a form of sexual control and a way to guarantee loyalty. There were strong beliefs that women have high sex drives and little self-control. Furthermore, the men referenced the indecent sexual behaviours of the local Spanish women as a way to justify FGC. This could suggest that migration can act as a catalyst for FGC to continue, as the experience of other cultural values around sex does not align with their own cultural views.

Likewise, Gele *et al* (2013) found that Somali men (in Somalia) justified FGC as a way to keep a girl's honour and as a religious practice, there was a general belief that FGC was not harmful. Allam *et al* (2001) also highlighted beliefs that FGC was harmless and justified by religion, they further reported a stronger male support for FGC than female support in Egypt. In addition to these justifications, men were more likely to support FGC for their daughters if their wife had undergone the practice (Al- Khulaidi *et al*, 2013). This could suggest that there are gender identity norms linked to FGC, which is discussed later in this chapter.

Regarding men's attitudes towards FGC, some studies have highlighted men condemning the practice and the patriarchal views that surrounded FGC. Men often noted their own physical implications of marrying a woman with FGC. For example, Almroth *et al* (2001a) found that men had difficulties in penetration which could lead to wounds,

infections and psychological problems. Almroth *et al* (2001a) conducted research with a group of young men and a group of grandfathers and demonstrated a generational change in attitudes and preferences around FGC. In comparison to the older men, the majority of the young men actually would have preferred to have married a woman without FGC. The younger men were also more open to accepting a daughter-in-law that had not undergone FGC. The men who stated they preferred no FGC gave reasons such as facilitating delivery and better sex, whereas the men who preferred FGC stated that it was for social acceptance and tradition. Both the older and younger men expressed how they embodied their wives suffering as their own, as they empathised with their wife's pain and discomfort during sexual intercourse, which also negatively impacted their own sexual satisfaction. This could suggest that sex is an important part of marital relationships and there could be further research surrounding the psychological impact on men's experiences of their wives' pain during intercourse.

Similar studies have also found that men highlighted the impact and implications of FGC on sexual pleasure for both men and women (Johnsdotter *et al*, 2009). This amongst other factors such as Swedish laws against FGC and changing gender roles post migration influenced attitudes and beliefs around FGC. Likewise, Johnson-Agbakwu *et al* (2014) found that Somali men in America experienced a change in gender roles frustrating as they felt less in control of their household. The men also reported a stronger support for FGC from women in the community, to prevent the girls from being stigmatised.

In addition to this Berggren *et al* (2006) looked at Sudanese women's and men's perspectives of FGC and re-infibulation after birth for the purpose of mimicking virginity. Women and men blamed each other for the continuation of FGC but more women viewed FGC and re-infibulation as 'normal'. Men spoke of the implications they felt such as

sexual dissatisfaction and challenges to their masculinity, they described how they tried to counterbalance the negative sexual effects of FGC and felt compassion for their wives suffering. Men argued they tried hard to change female traditions and felt that it was women, not men, who were key in the decision making of FGC. Berggren *et al* (2006), summarise the complex reasons for the persistence of FGC, which are contributed to by the socially constructed concepts of normality and female identity.

Despite, such evidence suggesting that patriarchal views surrounding FGC are changing across generations; thought to be influenced by migration which will be discussed in more detail below. Some authors suggest that migration can strengthen patriarchal views when the host country is liberal. For example, Ruiz *et al* (2014) as mentioned above found that men referenced the ‘indecent’ sexual behaviour of the local Spanish women. Such ‘indecent behaviours’ feed into the negative framework of women's sexuality and the need to control it, which could potentially reinforce FGC. Morison *et al* (2004) also noted that migration had an impact on traditional views and attitudes associated with FGC, with new arrivals and older men in the UK being more likely to still agree with such views. They also found that boys who arrived aged 11 and older were more likely to desire a wife who has undergone FGC, in comparison to only a quarter of those that arrived before the age of 11. This could possibly suggest that views surrounding women’s gendered identity, sexuality and value as a woman are already instilled by the age of around 11, this will be considered further below under children’s acquired knowledge of FGC.

Overall, these studies suggest multiple reasons for men supporting FGC, such as cultural care, sexual morals and sexual control of women. Alongside a less commonly documented argument from men who condemn FGC and highlights the physical

complications both women and men face. There is evidence to suggest a decline in support for FGC across younger generations and migrant communities. Overall the lens of patriarchy, migration and generational changes can be applied to understand FGC in a wider context, where women often face other gendered inequalities. I will be applying the lens of patriarchy in my own research to explore how gendered inequalities shape FGC and how subjective experiences of FGC reinforce gender identities; I will further explore the lens of patriarchy in the conceptual and theoretical literature review (Chapter Three).

2.2.5 Children's perceptions and acquired knowledge of the practice

Some authors have tried to understand FGC by considering children's perceptions and have introduced the concept of meaning-making, to understand how attitudes of FGC are embedded within affected communities. Sociologists, Schultz and Lein (2013) discussed the meaning-making processes associated with FGC and the way it shapes or informs children's perceptions and acquired knowledge of the practice. Through in-depth interviews with 18 Somali and Gambian women now living in Norway, they reflected on how the presentation of information on FGC as children impacted meaning-making. Using grounded theory two systems were recognised; the closed information system used in The Gambia and the partially open system used in Somalia. In the closed information system, girls might be told about a secret ceremony but not given details of the cutting as parents fear this could make them upset and run away. Whereas in the open system older girls share their experiences with younger girls which are positively constructed around being smooth, clean and beautiful. This also identifies a difference between girls who are cut and those who are not; as a result, bullying and exclusion can occur for those without FGC. From this study, Schultz and Lein (2013) summarised five learning stages which

further expand the meaning-making of FGC. This includes an initial preparation stage; the preparation stage; the ritual and explanation stage; education and conversation stage; and confirmation stage.

Firstly, the initial preparation stage is where Somali girls are presented with direct and indirect social rules for example, 'uncut' girls might not be able to play with the 'cut' girls. They may also be asked to leave the room if 'cut' girls are present. They may not be allowed to pour tea for the elders or prepare food, as their food is not viewed as Halal (an Islamic requirement) if they are uncut. They might hear that 'uncut' girls are not clean and not able to get married and will see 'cut' girls accepted and respected in local society. Secondly, in the preparation stage, Somali girls will hear information about FGC beforehand, which their mother will monitor closely. Girls are encouraged to ask questions and speak to older girls about FGC which increases the excitement. The Gambian girls, on the other hand, are more likely to receive information at a later date. Thirdly, the ritual and explanation stage. This can vary depending on the girl's age and can have a formal structure with a teacher, lasting either a few weeks or months. During this time, cultural norms of how to behave as a woman are taught, as well as traditional songs and dances. Fourthly, is the education and conversation stage, here Schultz and Lein (2013) outline how it is the mother's responsibility to highlight the importance of marriage and being an honourable woman; defined by her controlling her sexuality. Fifthly, during the confirmation stage, the girls are continuously reassured about the importance of the practice. Here they might be told myths about the clitoris growing and having abnormal sexual behaviour if they do not have FGC. Furthermore, they are told they become a part of the 'in-group' of girls who have been cut and will be admired by those who have not been cut. Schultz and Lein (2013) have attempted to demonstrate two

different approaches to meaning-making, they found that the Gambian girls who operated within the closed system reported less psychological preparedness and more deception in comparison to the Somali girls (Schultz and Lein, 2013).

Another notable study (although not on children's perceptions) that considers the concept of meaning-making and FGC in relation to infibulation, de-infibulation, and virginity was conducted by Johansen (2016). This explored the dynamics of change in meaning-making, with migrant Somali and Sudanese women and men in Norway; where surgical de-infibulation can be accessed on demand. This study aimed to assess whether de-infibulation was viewed as a medical necessity and if the cultural meaning of infibulation impacted the take up of de-infibulation. The study found that despite the display of negative attitudes towards infibulation, cultural barriers to pre-marital de-infibulation existed due to the value placed on virginity and virtue. Virginity was identified as a core socio-cultural value both in their country of origin and diaspora communities. Furthermore, value-laden views around sexually experienced women as being sexually loose, dirty and used were present from men. Surprisingly, none of the participants believed it to be problematic to marry a divorcee and Johansen suggests that virginity is not what is at stake, but the issue is sex happening outside of marriage. This highlights why de-infibulation outside of marriage is frowned upon as it raises questions and doubts over the woman's virginity.

These studies provide an insight into how attitudes and perspectives are shared and influenced through meaning-making about the body and sexuality. It also further demonstrates the possible cultural differences around FGC. The way in which meaning is made and the connotations ascribed to FGC may influence later decisions around

continuing or supporting the practice despite migration, which is discussed below and supports my research questions around why FGC continues in the UK and what women's experiences without FGC are when from affected communities.

2.3 Implications of FGC- The impact of FGC on women's sexuality and gendered identity

As noted in the previous chapter (Chapter One), there are many reported implications of FGC which are commonly categorised into physical and psychological. In addition to this, women often report difficulties around accessing appropriate or sensitive care. One area that has started to attract attention in the sociological literature is the extent to which FGC impacts women's sexuality and sexual experiences, in particular, its impact on sexual desire and satisfaction. This is an area of interest explored by only a handful of researchers (Okonofua *et al.*, 2002; Nwajei and Otiono, 2003; Catania *et al.*, 2007; Fahmy, El-Mouelhy and Ragab, 2010; Krause *et al.*, 2011; Andersson *et al.*, 2012; Anis *et al.*, 2012; Connor *et al.*, 2015; Abdulcadir *et al.*, 2016; Recchia and McGarry, 2017). This subsection will focus on: the use of terminology such as sexuality and how it is measured; the role FGC plays in the social construction of female sexuality; how the exposure of western values impacts the practice of FGC; gendered differences in the social construction of sexuality; sexually conservative cultures and de-infibulation.

A literature review by Obermeyer (2005) summarised sociological studies researching FGC and its impact on women's sexuality. Overall the evidence from the literature review was not supportive of the common belief that FGC destroys sexual function and enjoyment. Obermeyer found that the majority of the studies in this area lacked conceptual and methodological underpinnings, were poorly designed and had unclear

results which were not reported adequately. Many of the studies did not define their use of the concept of sexuality or report on how these were translated into different languages and different cultural settings (Obermeyer, 2005). Whilst my study did not set out specifically to research sexual experiences and the impact of FGC on sexuality, this literature review prompted me to consider how sexuality was conceptually underpinned within my study. I will define the term sexuality and my use of it in the next chapter.

Another issue that was highlighted by Obermeyer (2005) was the methods of recruitment, for example Anis *et al* (2012) and Andersson *et al* (2012) whom both reported lower sexual desire and enjoyment in women with FGC, both recruited their participants from clinical and hospital settings; which allude to the women already suffering with some sort of pain or discomfort hence their attendance at the clinic originally. Factors such as recruitment and appropriate terminology are things that I will pay particular attention to in my own research. The majority of these studies assess the impact of FGC on heterosexual women's sexuality by using a Female Sexual Function Index (FSFI), which explores women's desire, lubrication, arousal, orgasm, satisfaction, and pain. This self-report measurement was created and tested across five research centres by Rosen *et al* (2000); it was initially trialled on women with female sexual arousal disorder (Rosen *et al.*, 2000). However, concerns have been raised about the effectiveness of this measurement, some of which are summarised below (Obermeyer, 2005). In my own research, I will not employ any measurement of sexual functioning or sexuality and will only analyse any sociological points raised by the participants about sexuality and FGC, as this is not the main focus of my research.

Some studies have explored the role of FGC in the social construction of women's sexuality and the impact this has on their freedom of sexual expression. Catania *et al* (2007), for example, argue that the environment in which a woman lives contextualises what is viewed as normal and acceptable in relation to sexuality and pleasure. They highlighted a number of factors which could play an important role in women's sexuality, including acculturation and length of time in the host country (which is defined and discussed in more detail in the following subsection), adherence to cultural values, social influences, and networks. They found that young women in the west were changing their views around de-infibulation and sex before marriage, with some single women in their study being de-infibulated to increase sexual pleasure, despite the fear of stigma. They suggest the way culture frames FGC influences women's experiences of sex and their ability to achieve orgasm. For instance, when FGC is framed positively and linked to beauty, honour, and femininity, women were likely to orgasm. The frequency of orgasm is believed to reduce when there is a cultural conflict, and the host culture frames FGC as ugly or as a sexual dysfunction or mutilation (Catania *et al*, 2007).

In line with Catania's findings, Abdulcadir *et al* (2016) highlighted that exposure to western cultures increased levels of sexual dysfunction such as the inability to orgasm in younger women when compared to older women who grew up in African countries. They argue that such exposure raises questions of female identity, sexuality and the appearance of the genitalia after FGC. They further stated that in many affected communities the clitoris is seen as masculine and the removal is an important aspect of gender identity and femininity, therefore FGC could improve women's body image. Abdulcadir *et al* (2016), also adds that migration and post-traumatic events unrelated to FGC impact the social construction and expression of female sexuality.

As previously mentioned, the social construction of sexuality is influenced by attitudes and values around what sexual behaviours are viewed as appropriate and acceptable by society or social and cultural norms (Catania *et al*, 2007). Fahmy, El-Mouelhy, and Ragab (2010) further highlighted gendered differences in the social construction of sexuality and found that men and women in Egypt also held different views of sexual pleasure. Women were, for example, more likely to feel sexual satisfaction if there was marital harmony and a secure socioeconomic status, whereas men tended to believe that a satisfying sex life created a happier marriage. In addition, most men also reported a fear of not being able to fulfil women's sexual demands if they had not undergone FGC. It was further believed that women without FGC would engage in extra-marital affairs; marriageability was an important factor to both men and women. Furthermore, Fahmy, El-Mouelhy, and Ragab (2010) found common beliefs that the clitoris was not related to sexual pleasure, but to sexual desire, this strengthened beliefs that pre-marital sex occurred in women who did not have FGC. These beliefs could suggest that pleasure is important within the socially acceptable context of a marriage. However, desire is viewed as something that needs controlling to prevent women from having sex before marriage. It is important to consider the differing views relating to the clitoris as this could further inform why the practice is continued and embodied, this is discussed further in the next chapter (Chapter Three).

Recchia and McGarry (2017) also found that women in their study did not associate sexuality with sexual pleasure. These women reported that FGC negatively impacted their sexuality because they associated sex with pain and fear and believed that they had been denied the opportunity to have positive sexual relationships. They also highlighted that

FGC was socially and culturally bound to the wider identity of a woman. This study carried out by Recchia and McGarry (2017) was a small scale, participant-led, arts-based workshop, involving six women. They adopted a feminist theoretical framework that held the women's voices as central and for this reason they did not interact with the narrative. The authors claim this is a strength, as it allows the women ownership of the narrative. To my knowledge through this literature review, this is the only study that has used this approach. This study is similar to my own research in that it explicitly states its use of a feminist theoretical framework and considers the wider impacts on identity. It would have been useful to have more detail about the specialist support organisation that participants were recruited through, in order to understand how FGC has impacted the women's experiences. As affected communities are not homogenous, stating if or how they accounted for different cultural understandings amongst the women in the group may have been informative.

As highlighted above, the attitudes and values of a society are influential in shaping women's sexuality and sexual behaviours. Sexual attitudes and values were at the core of a study conducted by Connor *et al* (2015) who observed a sexually conservative culture in 30 married and unmarried Somali women living in America. This included valuing privacy in marriage, sexual intimacy and the approval of only vaginal intercourse. The unmarried women did not report engaging in sexual intercourse and all women stated that they had never experienced oral or anal sex, and only two women reported that they had masturbated. In total 82% of the women experienced sexual desire, however, half of the women that had undergone FGC expressed that it had a negative impact on their sex life (Connor *et al*, 2015). Such studies are useful and can offer further sociological

understanding by exploring with women where these attitudes and behaviour norms come from and the impact on the construction of cultural and gendered identity.

Part of this sexually conservative culture means it is often culturally frowned upon for women to undergo de-infibulation before marriage and in some cultural practices, this extends into the marriage. Krause *et al* (2011) carried out research with women before and after de-infibulation and found that de-infibulation was requested for a number of reasons including natural delivery, to ease health complications, and to improve sexual desire, arousal, and satisfaction. Of the de-infibulated women, 20% were not in stable relationships suggesting a potential shift in attitudes and social acceptability of de-infibulation outside of marriage. Krause *et al* (2011) carried out FSFI questionnaires before and six months after the surgery, focusing on physical improvements after de-infibulation. They concluded that there was an improvement in all areas of the FSFI except orgasm and lubrication. In order to further understand women's feelings about their bodies and sexual identity post-de-infibulation, it would have been insightful to explore their views on body image, experiences of going to the toilet and menstruating. Andersson *et al* (2012) highlighted that employing the FSFI may be applicable for the UK and US but may not be as appropriate for other cultures. Anis *et al* (2012) on the other hand is the only study to their knowledge that specifies using the Arabic Female Sexual Functioning Index (ArFSFI) which they claim may be more representative, similarly to the FSFI it considers domains such as desire, arousal, lubrication, orgasm, satisfaction, and pain. The ArFSFI is an Arabic translation of the FSFI; which has been translated to more than 20 different languages. This process included using simple formal Arabic, it was then piloted with 20 female medical students and presented to sexual medical experts (Anis *et al*, 2012).

In conclusion, the majority of the studies which consider the sexual implications of FGC focus on how FGC physically impacts women's sexuality, for example, by measuring arousal, orgasm, and pain. Very few studies consider the correlation between FGC and women's confidence to express and explore their sexuality. Some studies have begun to do this by asking who initiates sex, if women masturbate, and if they had experienced other forms of intercourse. Such avenues still need to be explored to make a stronger argument for how FGC impacts women's sexuality within cultures that have sexually conservative norms and cultural values towards sex. It is difficult to draw any solid conclusion from the empirical literature as results are mixed, with some women suggesting that it does impact their sexuality and others arguing that it has no impact.

My research will add to this body of literature by exploring how FGC shapes gendered identity and sexual experiences. Furthermore, my research will add to the important considerations made by Catania *et al* (2007) as to whether positive or negative framing of FGC impacts women's sexuality. I will do this by exploring the lived experiences of women and men in the UK, taking into account how FGC impacts their gendered, cultural and sexual identity and experiences; for example, their ideas on what makes a woman, how being in the UK impacts them having FGC and if they believe FGC impacts their marriage.

2.4 Summary of empirical literature review

This literature review has highlighted a wealth of research surrounding the justifications, implications, and continuation of FGC. Whilst there are numerous studies focusing on women's perspectives, there is only a handful of studies considering men's views, only

two of these published currently come from the UK. It was important to highlight in particular men's views in this literature review, as my own research included men and identify the key role they play in the continuation of the practice. The majority of these studies show a common belief that men justify FGC as a way to control women's sexuality, maintain cultural traditions and as a religious act. There was a clear generational difference between men in these studies, in regard to their desires to be with a woman that had undergone FGC and the associated sexual implications. Migration has also been found to shape men's views around their preferences to marry a woman without FGC and intentions to practice FGC on potential future daughters.

This review has also brought to light the multiple impacts of migration and different outcomes for women, in particular coming from different countries. There were mixed views as to whether moving to the UK made FGC more likely to continue or not, due to for example the sexually liberated norms and fear of losing cultural identity. Furthermore, this review outlines the different impacts FGC has on women's sexuality and gendered identity, in particular in the UK and other western countries, where sexual dysfunction was reported due to an increased awareness of different sexual values and liberation.

This literature review has influenced and shaped my own research as it has highlighted the need for further research around experiences of women with FGC, women without FGC, and men from affected communities, in the UK. It has highlighted that there are gaps surrounding accounts of lived experiences as opposed to a strong focus on health and birth experiences, which have been covered widely. It has also outlined the need to explore the link between understanding and experiences of FGC in relation to both gendered and cultural identities and how these may change when living in the UK. It has

further illuminated useful concepts to understand FGC such as patriarchy, sexuality and cultural relativism; which are examined further in the following chapter.

Chapter Three: Conceptual literature review

3.1 Introduction

The previous chapter consulted a selection of sociological and anthropological research on FGC. It summarised current findings on the topic such as contributing factors to the continuation of FGC; including cultural and gendered identity norms, and the implications for women; such as their sexual experiences and relationships, their embodiment of FGC and their sense of gendered identity, cultural conflict of the practice and living in the UK. In addition, it highlighted several key concepts which play a fundamental role in understanding the phenomenon including patriarchy, sexuality, and identity. This current chapter is designed to offer a critical examination of these concepts, through the exploration and expansion of several key lenses which have been employed to understand FGC by academics. This will help to situate my own research in current academic debates.

Given the complexity associated with the conceptualisation and understanding of FGC, it is necessary, at this juncture, to deconstruct the role that culture and gender play in the phenomena of FGC, as scholars have identified these as key motivating factors for the practice. This literature review considers several key concepts in relation to FGC: cultural relativism and essentialism; cultural identity, social belonging and conformity, the body; gender norm and sexual control; agency and autonomy.

3.2 The role of culture in understanding FGC

Much of the literature that discusses FGC from a cultural lens considers the justifications given for the practice such as its role in cultural identity, but also advises that we reflect on the standpoint from which we research and critique the phenomena (Shweder, 2000). This latter point will be considered in the chapter Five (Methodology) when reflecting upon my position as a researcher. In this subsection I outline some literature that has considered FGC through the lens of cultural relativism and cultural essentialism. Firstly, however, it is important to note that there are various and contested definitions of culture. Nonetheless, it is broadly understood as: customs, traditions, beliefs, values and behaviours which are passed down through generations (Fourcroy, 2006; Whiten *et al.*, 2011). Building on this definition, Hays (1994) highlights that human interaction is shaped by and a product of culture, which both enables and constrains human behaviour and interaction. However, Meyers (2000) reminds us that when considering the impact of culture, it is important to remember that cultural beliefs can vary amongst groups and that people interpret and individualise their culture differently. For example, some people may view FGC as an integral part of their culture and identity whilst others may not.

Moreover, Shweder (2000) poses the question of why understanding culture matters when we think of how FGC contributes to the production of cultural identity and gender roles. For example, the process of FGC is believed, by some, to make the woman more beautiful and feminine as the clitoris is thought to resemble male genitalia. This is also preparation for marriage and childbirth, by proving symbolically that she is willing to control her sexuality and lust, therefore protecting her womb for social reproduction (Boddy, 1982; Shweder, 2000). Shweder therefore concludes that perhaps we need to consider that there is a cultural divide when we think of FGC and the moral, emotional and aesthetic

implications; this consideration in difference will allow us to understand the practice as opposed to judging it.

Gruenbaum (2005), who is a culturally-oriented medical anthropologist who acted as a research consultant for the United Nations International Children's Emergency Fund (UNICEF) on FGC, acknowledges the power of culture but suggests it is not the concrete influencer and that humans add new understanding and views to practices and often critique their choices. She argues that it can be deemed problematic to state culture is the central influencer of FGC; as the potential for change and agency is underestimated. In order to increase the understanding of other influencers she argues the need for more research, in particular psychological research, into: how changes in the practice of FGC impact social structures; and how changes in FGC are being promoted and resisted due to social pressure and expectations to perform.

3.2.1 Cultural relativism and essentialism

Taking into account the above points by Shweder (2000), some academics have utilised the concepts of cultural relativism and cultural essentialism to further highlight the importance of understanding culture when researching FGC.

Cultural relativism refers to the idea that people's culture should not be judged or interfered by those outside of that culture, as the aim is to understand practices and experiences (Abu-Lughod, 2002). Cultural relativism encourages acknowledgement that truth and moral judgment is culturally relative (Tilley, 2000; Cassman, 2007). Moreover, it holds that no culture is superior over another and that beliefs are relevant to the

individual and society. It proposes that each culture should be able to practise what they see as a norm, without other cultures imposing (Tilley, 2000).

According to Cassman (2007), considering FGC through the lens of cultural relativism is important as FGC still persists despite western intervention, which suggests current interventions do not fully understand why it continues. She highlights that westerners need to understand how valued, relative and relevant the practice is. For instance, Cassman discusses the concept of honour, which is a central theme of FGC linked closely to the motivations of continuing the practice. Cassman explains how this concept differs. In the west honour is usually tied to individual identity, compared to African societies, where honour often refers to honour of the whole group (Cassman, 2007).

Another point raised about the importance of considering cultural relativism is discussed by Bishop (2004), who highlights how western critiques of FGC map western beliefs about the clitoris and sex onto African women's bodies. For many western women, the clitoris was symbolic of their sexual liberation, whereas in communities where FGC is practiced, the clitoris is not symbolic of this, and therefore FGC is rational within their web of beliefs (Bishop, 2004). Cassman (2007), mentioned earlier, also stressed the importance of understanding the cultural role of the clitoris in affected communities, as it is sometimes seen as a danger to men and new born babies and believed to grow into the size of a penis if left intact.

Whilst this argument for applying cultural relativism appears to prioritise cultural understanding of the practice before comparison or judgment to western practices and beliefs, some authors have highlighted the difficulties in doing so. For example,

Gruenbaum (1996) highlights the difficulties in being more neutral and acknowledging the symbolic value of FGC through a cultural relativist lens. She argues that upon hearing about FGC, people's reactions are usually ethnocentric and prejudiced often calling the practice "barbaric" or "backwards". Furthermore, terminology which is negatively laden, such as 'genital mutilations' used by Hosken (1982) or 'prisoners of ritual' by Lightfoot-Klein (1989) adds to the rejection of those affected by FGC.

Cultural relativism has been applied by feminists and scholars who focus upon human rights. According to Danial (2013), feminists taking a cultural relativist stance respect traditions and practices and they should acknowledge the high rate of alienation women face from their community if the practice was rejected. They would also acknowledge a high rate of conformity as FGC is praised by elders and peers, particularly when FGC is often seen as a condition for marriage, which is seen as a crucial part of adulthood. Danial therefore concludes that cultural relativism towards any practice, can serve as either beneficial or detrimental to individuals or a society when considering human rights and cultural rights. For example, on the one hand, applying a cultural relativist lens would be beneficial to the cultural rights of that community to practice what they believed in without being challenged. However, on the other hand, applying the lens of cultural relativism could have a detrimental impact on women's health and wellbeing as it would continue without being questioned.

As for Cassman (2007), she warns that imposing ideals on African cultures, as some western feminists and human rights activists do, appear arrogant and even condescending. There should be caution not to culturally oppress people in the attempt to remove patriarchal oppression. Inversely, Walley (1997) questions if cultural relativism is

appropriate for a feminist and humanist response, as the lack of challenging and ability to be passive, therefore dismissing responsibility to interfere does not sit with feminist or humanist principles.

In addition to cultural relativism, cultural essentialism (which differs from essentialism) has also been noted as important to consider when researching the phenomenon of FGC. Cultural essentialism is the idea that “*all members of a category of people share one or several identifiable, defining cultural features*” (Alvaré, 2015, p2). Grillo (2003) adds to this definition that cultural essentialism views humans as being located within the boundaries of their culture which defines them from others; for example, those affected by FGC and those not. This branches from essentialism, the idea that people or things have a specific and inherent set of attributes from which they cannot be separated. This idea of essentialism can be seen in everyday phrases such as ‘boys will be boys’.

This approach can be problematic as it assumes culture is homogenous and that all people within a cultural group will practice, for example, FGC, whilst there is no evidence of such homogeneity. Palmer (2016) argues that essentialism is oppressive and dangerous as it prevents the way things are conceptualised being challenged, i.e. culture and gender stereotypes, because we view them as inherent and fixed. In addition, Dustin and Phillips (2008) state that cultural essentialism views non-westerners actions as belonging to their culture which assumes homogeneity and lack of individual agency, as they are judged as a group. This can misrepresent cultures and encourage stereotyping and othering. They add that cultural essentialism makes it harder to address abuse of women without stereotyping, and that both inaction and action on FGC may be viewed as racist. In this respect, they argue there has been a change in Britain in the past 20 years from an overall

acceptance of multiculturalism, which they describe as taking a cultural relativist approach in particular to underage marriage and polygamous marriages, to an obsession with abuse against women amongst minorities; FGC has been one of the practices debated and publicised. Whilst FGC may be framed from a western perspective as an essential cultural practice, it is not a homogenous practice.

In addition to this, Pedwell (2007) highlights the commonality of comparing FGC and western bodily modification practices particularly in feminist literature. For instance, some scholars have compared FGC to genital procedures in the west. For example, Meyers (2000) compares FGC and what is deemed to be corrective surgery in the U.S for children born with ambiguous genitalia. She highlights how in the respective cultures, both are seen as essential practices for females to obtain gender identity and status. This will be discussed more in the next chapter. This can be problematic as western genital practices such as corrective surgery and elective genital cosmetic surgery are not framed using a cultural essentialist lens but framed as women actively consuming cosmetic or corrective surgery. This difference in framing for western and non-western groups, in particular women, raises questions to how researchers and scholars frame agency, choice and autonomy in minority ethnic groups (Dustin and Philips, 2008).

Pedwell (2007) also explains that comparing FGC to genital cosmetic and intersex surgeries, is used to oppose racism and cultural essentialism, by highlighting similarities such as both being carried out for non-medical reasons and reasons linked to identity and aesthetics. Pedwell highlights two different approaches used by different theorists and within different theoretical frameworks to highlight and compare genital practices. Firstly, a 'continuum approach' of all body modification procedures on a spectrum

including FGC, and secondly a ‘analogue approach’ which highlights similarities but does not place them on a spectrum. Pedwell summarises that women who undergo FGC are viewed as victims in an oppressed culture where their sexuality is repressed. By comparison, western women are portrayed as consumers of cosmetic surgery, who are liberated and enhancing their sexuality. Pedwell argues that the way westerners historically fetishized the bodies of African women raises questions of cultural imperialism and ethnocentricity, and of who can represent women in affected communities. The following chapter will consider this argument and the concept of positionality in relation to my own research.

3.2.2 Cultural identity, social belonging and conformity

Reflecting on the previous chapter which highlighted the role of FGC in the construction of cultural and gendered identities, some academic scholars have employed choice models to further understand the role of social pressures to perform FGC. Coyne and Coyne (2014) for example, used the rational choice model in relation to individual identity-based pay offs and group identity-based pay offs. Coyne and Coyne (2014) state that the role of FGC in the construction of cultural and ethnic identities for individuals, and in strengthening group identity, is often not reflected in existing rational choice models (models which help assist the understanding of behaviour). They further claim that the role of FGC in identity is crucial in understanding the practice yet often overlooked. As mentioned above, FGC is said to strengthen both the individual’s identity and the groups identity, Coyne and Coyne outline what they call “*individual identity-based payoffs and group identity-based payoffs*”.

This considers the way individuals view themselves and performative acts, which in turn impact the wider group identity. They applied this to FGC to consider the role it plays in identity formation and how the costs and benefits are negotiated; in order to understand ways to change the practice. They highlight specifically the role older women play in serving as ‘gatekeepers’ for the practice, and how they are in the best position to stop FGC. In addition to this, it was applied to men and their perceived costs of ‘managing’ women’s sexuality. Coyne and Coyne (2014) cite Posner (1994) to support this, who suggests that the father’s agency costs are lowered by ensuring that their daughters stay virgins until marriage, and the husband’s agency costs are lowered by ensuring she stays faithful during the marriage. As well as the identity formation of the girl, there is an identity formation of a ‘good parent’ when they ensure that their daughters undergo FGC. Equally the girl will face expectations of obedience, making it more likely that she will comply with her parents and community expectations; even if she does not want to. They conclude that fear of what the wider social group will think and the threat to their identity is a strong influence in continuing FGC (Coyne and Coyne, 2014).

This fear of what other people in the community think and the role of FGC in cultural identity appears to contribute to a strong sense of social pressure and desire to belong to the group. Social expectations of compliance are major contributing factors to whether or not norm change occurs (Cloward, 2015). In addition, rewards and punishments are often used in groups to keep the accepted norms. The punishments can be severe and often include exclusion from the group and name calling (Cloward, 2015).

Moreover, Cloward (2015) highlights that the potential local barriers preventing norm change surrounding FGC are less likely to be present when nearby groups do not practice

FGC. Cloward suggests a higher chance of norm change under certain conditions, such as living close to other ethnic groups who do not practice FGC, living in a town, and the presence of a higher population of young people. He also outlines the importance of elites and norm setters who could choose not to undergo FGC, due to their social status and power, their public reputation would not be damaged; this was more likely to impact wider norm change. Cloward noted that behaviour change was behind attitude change, meaning that people's attitudes around FGC changed before their behaviours towards it did; i.e. some people still practised FGC although verbally stated that they were against it. Despite this, behaviour change was increased by the existence of an 'exit' option, such as moving to a different residential area, not participating in some or all group activities and marrying into a different ethnic group that did not practice FGC (Cloward, 2015). The 'exit' option did not always need to be used to facilitate norm change, its presence alone encouraged voice against the social norm. These 'exit' options and the claim that living close to other groups who did not practice FGC increased attitude and behaviour change, highlights the high level of social and cultural expectations and pressure, but also indicates that there is a change occurring in local norms around FGC.

3.3 FGC and the body

3.3.1. Cultural understanding of the body

Some authors have considered the role the body plays in understanding FGC, in particular how values and beliefs surrounding the body can influence the way culture is ascribed onto it by considering how the body is perceived; who the body belongs to; enculturation; embodiment; and performativity. Njambi (2004) highlights the complex relationship of the body and culture. She explains how the image of a western body and sexuality have commonly been used in trying to understand FGC and states that this ignores cultural

contexts, by assuming that the body is separate to culture. This replicates the nature/culture dualism and colonialist assumptions that feminists have often questioned. She tells her own lived experience of being a circumcised woman and argues the anti-FGM discourse largely refers to western perceptions of the body, separates culture from the body and compares the 'natural' body against the 'mutilated' (Njambi, 2004). She highlights how this is problematic as the culturally produced and maintained dualism of nature/culture is ignored. Furthermore, those who are seen to be able to separate nature and culture are seen as modern, as opposed to those who allow cultural values to change the body. Njambi argues:

“Such feminist science studies perspectives...help to raise the question, what forms of violence and silencing does anti-FGM discourse introduce, replicate, and maintain? If the idea of embodied knowledge was to be applied by anti-FGM discourse, then a possibility of envisioning bodies differently might emerge, that is accountable to local specificities and variations, rather than replicating the western view of a ‘natural body’” (Njambi, 2004, p293).

Similarly, Green (2005) highlights that FGC has commonly been understood in relation to western heteronormative femininity and sexuality, meaning that it has often been compared by women and scholars to western genital cosmetic surgery, elective genital plastic surgery and the medical clitoridectomy that used to occur in the 20th century in England and North America. Green argues that:

“The genital ideal may differ historically and cross-culturally, yet the fact remains, to be a woman is to have a specific culturally prescribed and approved form of genitalia... A clitoris that is too large or is given the chance to grow too long through maturity is regarded as socially or medically abnormal, making a

woman too masculine and, thus, (hetero)sexually strange and unattractive”
(Green, 2005, p177).

This statement reflects a position of cultural relativism and essentialism as previously mentioned and suggests that there are different types of approved forms of genitalia for women in different cultures. However, Green supports Njambi in how this might be problematic when comparing FGC or using western norms as a standard and point of understanding.

As well as the physical appearance of the genitalia playing a role in the understanding of FGC, Boddy (1982) offers a cultural context to how the function of the body has been used to understand the importance of FGC and infibulation in a small rural Sudanese village. The physical orifices of the body were believed to house dangerous djinn (supernatural creatures or demons), infibulation therefore served the purpose of ensuring the body could not be invaded by them. The vagina and womb were also symbolic and believed to represent the family house, the enclosure is thought to protect the woman's fertility, just as the house protects the man's descendants; the womb becomes a social space literally and figuratively (Boddy, 1982). This demonstrates how the body represents a wider symbolic extension and FGC can be understood in terms of serving protection for the wider community with very little if any emphasis of the body being individually owned. Boddy demonstrates here that as scholars our personal ideas on FGC can change with a deeper cultural understanding, which might influence how we frame FGC and women's bodies. The role of the body and embodiment will be considered further in the following chapter.

3.3.2 Body norms and women' sexuality

As highlighted in the previous chapter, a justification for FGC is to control women's sexual desires and pleasure. It therefore appears essential to understand how the term sexuality is and has been defined and the different ways of viewing women's sexual experiences in relation to cultural framing.

In sociology, according to some, sexuality refers to sexual desire, expression, and satisfaction; as well as the capacity for sexual feelings, attitudes and practices (Little, 2013). Sexuality is often linked to gender studies and sexual orientation such as identifying as heterosexual, homosexual or bisexual (Zevallos, n.d.). However, in sociology it also commonly refers to sexual desire, expression, and satisfaction. Little (2013) describe the term sexuality in sociology as the capacity for sexual feelings with a focus on attitudes and practices. Many sociologists argue that generally sexuality is socially constructed by attitudes and what is deemed as appropriate behaviour; suggesting that sexuality, norms and practices surrounding sex therefore varies in different cultures (Cummins, n.d.). This differs from other approaches such as the biological model which focuses on the role of predispositions of hormones and sexual behaviour (Udry, 1988). Whilst there are numerous different explanations for deviant sexual behaviours and disorders, some sociologists question the view that sexuality, in particular women's sexuality, is a deviant behaviour that needs controlling to prevent 'undesirable' behaviour such as infidelity or sex before marriage (Udry, 1988). This is important to consider when researching FGC, which is often practised to control sexual behaviour as explained in the previous chapter.

Considering the way that sexuality is socially constructed is important when researching FGC from a western perspective as the application of western beliefs around sexuality may not be the same as those in affected communities. Sexuality and FGC have commonly been theorised by liberal western ideals and beliefs about sexuality, the body and women's pleasure being central to women's liberation. Bell (2005) for instance, highlights how western discourse is perceived of as the dominant dialogue on FGC and sexuality, but one which may be problematic. Bell claims that there are assumptions about a passive female sexuality and the focus of the vagina being the source of sexual pleasure, allowing the clitoris to be de-sexualised. This view, that the clitoris was not important, was also evident in anatomy textbooks where it was omitted completely, suggesting it was not relevant. In the 1970's feminists helped reinstate the clitoris with the purpose of achieving sexual liberation and questions were raised as to why it was not seen as important; when reports such as the Hite report (1976) revealed that almost all women achieved clitoral orgasms.

Bell (2005) expressed concern about the disturbing ways that discourse essentialises and universalises the sexuality of men and women, which is then applied to the discourse on FGC. For example, the idea that human bodies are fully complete the way they are at birth or as Bell describes it that the clitoris is crucial to femininity and sexuality. Shweder (2000) argued that FGC is focused on by western feminists because the clitoris is seen as a symbol of liberation; this assumption is challenged by some who dispute that western definitions of sexual pleasure are universal. Supporting this (Abdulcadir *et al.*, 2016) found that women still had intact clitoral glans and erectile tissue allowing them, in theory, to achieve orgasm. This should encourage us to consult with other definitions and understanding of sexual pleasure in particular cultural contexts.

Furthermore, Fourcroy (2006) suggests that when we consider women's sexuality we should do so in the cultural and social context in which they reside as this can determine their sexual freedoms and level of pleasure deemed acceptable. This is important to consider, as control of sexuality is one of the common justifications for FGC and gender identity markers.

3.4 Patriarchy versus women's agency and autonomy

With the majority of the western world framing FGC as a practice of patriarchy under the umbrella of violence against women and girls, questions regarding whether or not women have a choice in the practice, whether this choice is informed and free from pressure and social consequences, as well as the level of women's agency and autonomy have been raised (Meyers, 2000; Wade, 2009). As can be seen from the previous literature review (chapter Two), there is no straight forward answer to this conundrum of whether or not to practice FGC, despite being aware of possible health consequences and pain; but rather a complex network of ideas and beliefs held by both women and men which are reinforced by gender roles and cultural identity.

Patriarchy is one lens that has been applied to FGC by women in affected communities, activists and feminist scholars (Monagan, 2010). Patriarchy broadly refers to societal structures which favour men by prescribing them more privilege than women. This includes, but is not limited to, men predominantly engaging in education, business and politics, whilst women, are expected to take care of the home and children and generally rely on men economically (Monagan, 2010). Monagan argues that FGC is a matter of survival and not a choice for women in patriarchal systems, which implies that women do not have much agency and autonomy in these circumstances. It is important to note,

however, that agency and autonomy have a number of nuances. Whilst I do not have the space to fully explore these concepts here, it is helpful to briefly consider how they have already been applied to FGC (Meyers, 2000; Wade, 2009).

The application of autonomy theory to FGC, culture and agency has been evaluated by Meyers (2000), who defined autonomy as being able to live as an individual, not conform and to exercise one's own judgment. She considered two types of autonomy theory, firstly 'Latitudinarian' which is value-neutral and does not doubt women's ability to make their own choices and judgment. Secondly, 'Restrictive' which is value-saturated and contests the ability to be both oppressed and autonomous. She came to the conclusion that neither adequately addressed the phenomena of women's autonomy. Meyers argues that autonomy is a social construct that needs to be considered within the context of culture, so she further advises that women's agency needs to be understood and analysed on its own account. Due to the belief that women's autonomy skills such as introspection, empathy and imagination are suppressed in communities affected by FGC, she claims that on the whole, cultures which are affected by FGC devalue imagination in women. Meyers (2000) highlights that as the justifications given for FGC are not uniform, it is difficult to evaluate women's autonomy. Women can therefore act as both resisters and accommodators of FGC. However, those who resist do not necessarily have more autonomy than those who do not; this is because personal and social costs are associated with the suppression of autonomy. For example, those who resist FGC can be forced out of their communities and deemed unsuitable for marriage, this could have a knock-on effect and reduce their autonomy in other areas of their lives.

Building on from this idea posed by Meyers (2000), is an idea that women can have agency as resisters. Kea and Roberts-Holmes (2013, p100) cites Mahmood's (2001, p203) definition of agency "*...as a capacity for action that historically specific relations of subordination enable and create*". An example of this historical impact may be, a girl exercising agency that she will not undergo FGC, which has been enabled and increased due to her mother historically refusing FGC. Kea and Robert-Holmes (2013) considered how FGC plays a role in the production of victim identities and the impact of this on asylum claims in the UK; with Gambian female asylum seekers. They suggest that by accepting asylum claims women exercise their agency as victims of a practice that is represented as backwards, which supports western feminist claims of oppression of 'third world' women. Kea and Robert-Holmes interpret this by using Butler's (1993) concept of 'resistive performativity' where agent is contrasted with victim, they highlight that in a system where most asylum claims are turned away, both 'resistive performativity' and compliance can produce victim identities. When applying this to FGC, for example, women seen to be exercising 'resistive performativity' may seek asylum on the grounds of being prosecuted by their community and a need to protect themselves or their daughters from the practice. Compliance to FGC as another form of agency could suggest that they need to seek asylum due to this act already being carried out on them. In contrast to this idea of women exercising agency and resistive performativity, Wade (2009) argued it is too simplistic to draw upon concepts of freedom, choice and autonomy alone and highlights how scholars are questioning if women affected by FGC should always be classified as non-autonomous. This could be due to social pressure and social punishments such as being bullied or excluded from the community if FGC is refused. They may also be classified as non-autonomous due to other family members making the decisions around the practice of FGC.

3.5 Summary

This chapter has provided an overview and critical discussion of key concepts and lenses which have been applied to FGC by academic scholars. These lenses include: the role of culture in understanding FGC; cultural relativism and essentialism; cultural identity and belonging; a cultural understanding of the body; body norms and women's sexuality and finally patriarchy versus women's agency and autonomy.

It does however appear to be common that these different concepts are deeply linked as the complexities of FGC are deeply interwoven. Suggesting that in order to get a holistic understanding of FGC both culture and gender need to be addressed, as they are consistently present in FGC conversations and debates. This is partly due to the role of gender norms and identity varying across cultures.

The following chapter builds on from this literature review by presenting the epistemological and theoretical frameworks of my research including: phenomenologist Merleau-Ponty's (1945) view of being physically present in the world via the body; the gendered body by Judith Butler (1990), the communal body by Izugbara and Undie (2008) versus individual ownership of the body; and the concept of intersectionality by Kimberle Crenshaw (1989).

Chapter Four: Epistemological and theoretical framework

4.1 Introduction

This chapter (chapter Four) explains the epistemological and theoretical framework I have adopted for my research. This includes existential phenomenology and feminist theories; I identify the value of both phenomenology and feminist theory with a critical reflection on how appropriate and effective it is to draw insights from each approach. The works of authors that have adopted a similar approach of combining phenomenology and feminist theory will assist in making clear the strengths and concerns. Subsequently I highlight the operationalisation of both phenomenology and feminist theories as methodological frameworks. Following this, I consider the application of intersectionality to understanding the complexity of FGC in the UK. Finally building from the previous two chapters, this chapter will outline useful concepts to explore the phenomenon of FGC. This includes: embodiment and body politics; the gendered and performative body; and the communal body versus the individual body.

4.2 Research paradigm

A paradigm offers a philosophical and theoretical framework that enables one to organise and make sense of the world whilst driving and shaping one's research and theoretical positioning (Smailes and Street, 2011). Bryman (2008) states that a paradigm is a set of beliefs that have influence over or dictate what exactly can be studied and how results should be conceptualised and interpreted. Moreover, it has an impact on the ontological, epistemological and methodological stance taken by a researcher (Creswell, 1998 cited in Smailes and Street, 2011). There are four main paradigms in which researchers commonly situate themselves. Positivism, which takes a cause and effect approach, predicting variables and using quantitative methods; it has been criticised for its

expectations that researchers can remain objective and separate from what they are researching (Vine, 2009). Post-positivism on the other hand argues that science and our everyday life are somewhat similar, in that science follows specific reasoning and procedures, as we do in everyday reasoning and life, just to different levels; post-positivism rejects the ideas put forward by positivism that our knowledge cannot extend beyond what we can observe (Trochim, 2006). For example, positivists may understand FGC purely on a physical level considering only the biological implications, whereas post-positivists may also consider the different ways in which these are framed and the impact this has.

Interpretivism, sometimes known as Constructivism, claims that our subjective representations of our objective reality, actively and constructively shape our learning experience (David, 2015). It considers social processes of meaning-making and utilises interviews and focus groups, furthermore it allows in-depth analysis (Vine, 2009). Finally, Critical theory states that our reality is created and built into our social structures so that we perceive it as natural and real, this includes social, political, ethnic and gendered forces (Cohen and Crabtree, 2006). It is often used to support political agendas which it faces criticism for, however critical theorists praise its ability to create change for participants (Vine, 2009). Interpretivism would allow the exploration of perspectives, attitudes and understanding of FGC, as well as the construction of meaning, whereas a Critical approach may consider the approaches to behaviour change and activism around FGC.

Given the primary aim to investigate the views and lived experiences of women and men, I chose to situate my research within an Interpretivist paradigm; one which argues that

reality is created or constructed by individuals and groups, whilst aiming to discover the underlying meaning of events and activities. This was chosen over, for example, a critical theory approach which would have a focus on social structures. Interpretivist approaches usually employ a qualitative approach, to understand the phenomena by interpreting people's meaning-making contexts and processes, in which importance is placed on the actual purposeful meaning as opposed to measurement (Deetz, 1996). Given the experiential emphasis of the study, the interpretivist paradigm was also favoured over, for example, positivism; which is deductive and aims to test theory with hypothesis that are empirically examined. In interpretivism, the theory and the hypothesis guide and drive the data collection process, though it also has an element of induction to it as the researcher must conclude with the implications of the findings for the theory (Bryman, 2008). Positivism is not concerned with the individual's perception of reality as it is assumed there is only one reality (Shepard *et al.*, 1993).

4.3 Philosophical and theoretical underpinnings

4.3.1 Justifying approach

The philosophical and theoretical underpinnings of research are crucial to its success and effectiveness. They lay the foundation for knowledge to be constructed and provide grounding and guidance for the methodological process and analysis (Bryman, 2008). For my research, I draw on insights from existential phenomenology and feminist theory, each of which influenced the philosophical underpinnings and the methodological choices of my research. As well as combining phenomenology and feminist theory, I also apply intersectionality as described in detail later in this chapter (4.5).

This flexible approach of drawing insights from both strands has enabled me to consider the lived and embodied experiences of women who have undergone FGC, the perspectives and beliefs of women without FGC, and men within affected communities. As the latter two groups are not likely to have embodied lived experiences of FGC the phenomenological lens would not have been appropriate in isolation. However, feminist theory allows for the exploration of how FGC is constructed and understood by the wider community, in particular relation to gendered and cultural identities and norms. I chose this approach over other relevant approaches, for example, symbolic interactionism. Which in contrast, relies more upon symbolic meaning and the process of social interaction and communication to explore; human action, interaction and meaning-making. Whilst arguing that people are active in shaping their social world and are not simply acted upon (Boundless, 2016). Although this approach might have been beneficial in exploring the community dynamics and social pressures of FGC, that are seen in both verbal and symbolic communication in affected communities, it would have been less suited to examine in-depth the subjective, lived and embodied experiences of women with FGC; which was more the aim of this thesis. Furthermore, the idea of symbolic interactionism suggests that people are not simply acted upon but rather actively shape their social world, is incompatible with the phenomena of FGC which is often performed on young girls who have not given informed consent.

4.3.2 Phenomenology and Existential Phenomenology

Phenomenology endeavours to describe lived experiences of particular phenomena, whilst understanding the meaning ascribed to it, directly from the perspective of those whom have experienced it, and therefore have first-hand knowledge (Bryman, 2008; Mapp, 2008). However, according to Flood (2010), since there are potentially multiple

realities and different perspectives of the phenomena under question, utilising phenomenology therefore illuminates deep meaning as opposed to simply arguing a point, or developing an abstract theory (Flood, 2010). Many phenomenologists believe that people, actively create and construct the meaning of the world they interpret as they engage with it. The aim of the researcher is to analyse these experiences and interpret how meaning is attached to them (Sadala and Adorno Rde, 2002 cited in Flood, 2010). Finally, Flood (2010) argues that phenomenology can be used as a tool to explore the basic human truths that can only be accessed via inner subjectivity.

Whilst many scholars have a tendency to loosely use the term phenomenology when referring to the study of people's lived experiences, there are in fact several key strands of thinking surrounding the concept. For clarity, Embree's Encyclopedia of Phenomenology is often referenced when considering the different definitions of each. Linsenmayer (2011) cites these as follows:

1. "Realistic phenomenology- emphasises the search for the universal essences of various sorts of matters, including human actions, motives, and selves".
2. "Constitutive phenomenology- This procedure involves suspending acceptance of the pre-given status of conscious life as something that exists in the world and is performed in order to secure an ultimate intersubjective grounding for the world and the positive sciences of it".
3. "Hermeneutical phenomenology- Stems from Heidegger's Being and Time (1927) according to which human existence is interpretive".
4. "Existential phenomenology- Is concerned with topics such as action, conflict, desire, finitude, oppression and death".

After considering the above approaches, an existential approach appeared to be the most helpful in answering my research questions, as this places importance on the perception and lived body, more so than the other approaches. This was highlighted by (Manen, 2011, p1) who states that the “*basic themes of existential phenomenology are; lived experience, modes of being, ontology and lifeworld*”. Amongst the key authors within existential phenomenology, I consider the work of Merleau-Ponty (1945) as he focused closely on the subjective body and lived experiences (Manen, 2011). This is important to my research as it helps to identify how FGC may be embodied and made sense of. However, despite his focus on the body and lived experiences, Merleau-Ponty (1945) was criticised by Judith Butler (1988) for only presenting a male perspective and assuming that women’s experiences were not different. She further criticised him for failing to acknowledge how sexuality can be socially constructed (Canode, 2002). However, Butler suggests that a combined feminist phenomenology can bridge the oversights of Merleau-Ponty, who like many philosophers in the 20th century considered things from only a male perspective, where the male body was always the subject and the female body merely an object. In light of this, I chose to also draw insight from feminist theory and have summarised this below.

4.3.3 Feminist Theory and Methodology

Given the aforementioned claims by Butler that male scholars such as Merleau-Ponty, amongst others, failed to recognise or acknowledge women’s experiences as being distinct from those of men. It is also important to consider feminist theory and methods which emerged from ‘Feminism’, a movement of a political and social nature designed to improve the rights of women; one which attempted to reimagine, reconfigure and reconceptualise female narratives and their experiences. Defining feminist theory,

Kolmar and Bartkowski (2005, p2) suggest that it constitutes “*a body of writing that attempts to describe, explain and analyse the conditions of women lives*”. For example, it has previously been used to analyse a variety of themes including; patriarchy, oppression and sexual objectification (Kolmar and Bartkowski, 2005). Feminist theory can also help to critically explore how the female body has been objectified and how female sexuality and identity are viewed, offering further insights into the phenomena of FGC and the justifications which largely focus on the control of women’s sexuality and sexual activity. As discussed later in this chapter, concepts such as embodiment and identity have been utilised by feminist scholars to help make sense of women’s experiences in several ways and will therefore, serve as effective conceptual strategies in understanding the individual and collective impact of FGC.

A general aim of much feminist research is to understand the lives of women and oppressed groups, such as those from ethnic minority groups, and to promote social justice and political change (Cook and Fonow cited in Letherby, 2003; Hesse-Biber, 2014). Nonetheless, throughout the diverse strands of feminist research, there are contrasting, competing and contested ideas and concerns about researching men and having male feminists’ conduct research with women on female issues (Hesse-Biber, 2014). Some argue that encompassing men’s views can help to bring about change, for example, Morgan (1981) cited in Letherby (2003) argues that in order to ‘take gender seriously’ men need to be included in research. This was a consideration that I needed to make when setting out my aims and sample criteria.

Feminist methodology encourages the use of data collection methods that reduce the influence and agenda of the researcher, thereby letting respondents have more control. It

is more concerned with hearing their story and uncovering subjugated and subjective knowledge of their realities, that are often hidden and unarticulated (Hesse-Biber, 2014). It should provide an understanding of the women's experiences in their own voices, as they understand it, and then apply different lenses and interpretations in relation to feminist conceptions of gender relations (Ramazanoglu, 1989 cited in Letherby, 2003). Similarly, there has been a methodological shift with greater weight being placed upon the 'ethics of involvement' and writing from experience as opposed to the 'ethics of objectivity' and a position of detachment; to give the researcher more credentials (Rothman, 1996 cited by Letherby, 2003).

Feminist research, thus, puts emphasis on the researcher being mindful of the relationship between themselves and their participants; in particular the power and authority dynamics and hierarchy (Hesse-Biber, 2014). It aims to reduce the power of the researcher and place the participants on an equal level, a common tool used to help achieve this is reflexivity, with value being placed on the insight and emotions that reflexive accounts and activities highlight (Letherby, 2003; Hesse-Biber, 2014). Reflexivity as a tool should encourage the researcher to acknowledge that research is power-laden, subjective and emotional (discussed further in the following chapter). Other techniques such as the researcher being transparent, participatory action research and member checking are also advocated.

4.3.4 Merging the meaning-making strategies of Phenomenology and Feminist Theory

Given my quest to capture the lived and subjective experiences of those affected by FGC, and how it may be embodied, experienced and understood by women, I chose to merge phenomenology and feminist theory. Designed to explore how FGC directly impacts or shapes women's experiences and understanding of FGC, and the wider influence of

community members and social concepts. However, there are some important reflections to be made on the appropriateness of drawing insights from both approaches. Thus, I have summarised below the works of other authors that have explored the theoretical and methodological compatibility and concerns of both approaches.

It has been noted that there are some hesitations in combining the two approaches, as they can appear to hold different world views. Fisher (2000), for example, highlights that feminism is concerned with phenomenology as it is both essentialist and masculinist in nature, therefore failing to recognise the difference in experiences due to sex and gender. Fisher describes the history of feminist interactions with traditional disciplines, and how this often represented a greater participation of women in such discourses. It has been highlighted that historically they were used separately with phenomenology largely used as a means of male philosophical observation, and feminism as a means of changing the system as opposed to interpreting it (Studlar, 1990 and Reinhartz, 1992 cited in Baird and Mitchell, 2014). Furthermore, phenomenology can be abstract and its analysis theory-bound, and unconcerned with socio-political discourse unlike feminist theory (Fisher, 2000). Similarly, Sullivan (2000) points out that feminists who choose to engage with phenomenology and in particular Merleau-Ponty should consider critically the concept of projective intentionality, which he describes as a projection of intentions, meaning, and values, from the self out to the world, objects and other beings. This position of intentionality, he claims, does not allow room for a two-way constructive interaction between the world and self, whereas feminist theory would (Sullivan, 2000).

For example, intentionality would assume that FGC is something that is projected by affected communities into the world, it would not take into account the history or social

structures in place which support this practice. Despite this, Sullivan highlights that Merleau-Ponty's ideas around embodiment and situation do allow us to place emphasis on shared meaning and embodiment and suggests that we join a world with a shared meaning therefore not made up of just one's intentions. This is important to feminist principles and theory as it does not exclude the effect of power structures and existing knowledge on our experiences. It would therefore take into account the role of existing shared meaning on FGC and how this would influence the continuation of the practice. Another issue that Sullivan raises is that Merleau-Ponty does not distinguish the difference between bodies but assumes that bodies which are structured the same will be the same. Sullivan (2000) therefore claims that feminists should only engage with phenomenology which can allow for the interpretation of how people experience their world differently.

Despite these concerns and words of caution both, Fisher (2000) and Sullivan (2000), highlight that there could be a fruitful relationship between both feminism and phenomenology. Fisher (2000) argues that these concerns are overcome by the compatibilities and shared perspectives and claims numerous possibilities for a relationship between the two. In her paper 'Feminist Phenomenological Voices', Fisher (2010), uses feminist principles to understand the role of voice and narrative in identity, agency and the creation of meaning, in particular she applied this to vocals, opera and disability. Whilst using phenomenology to explore lived experiences and gain deeper insight and understanding, this combination has generated new disciplinary strands like feminist ethics, feminist epistemology, and feminist phenomenology. Fisher argues that the voice of feminist phenomenology has been soft-spoken but is increasing. This could be due to phenomenology being spoke of less in comparison to larger philosophical

conversation, but more so due to the small number of women working with phenomenology. Feminist phenomenology contributes importantly to both feminist and phenomenological conversations, she recommends that those adopting this approach need to speak more “feminist” pushing phenomenology more on social, political and gender issues (Fisher, 2010).

It is argued that the combination of the two approaches strengthens the overall philosophical foundation by gaining a deeper understanding of the lived experiences. It allows a critical meaning to be applied but more importantly, allows the experiences of women to be explored in their own voice (Fisher, 2010). She suggests that this combination can be operationalised in practice by ‘doing’ phenomenological description, analysis, and philosophising about and from women’s lived experience and centralising direct examples. Whilst employing feminist theory to provide a deep analysis of the lived experience, collected via the phenomenological investigation to better understand the importance of this within a social, cultural and political context (Fisher, 2010). For example, phenomenological investigation may be in the form of interview questions which ask the participant to describe lived experiences, and then analysed via feminist theory; this is described more below by Garko (1999).

Several feminist authors such as Butler, 1988; Garko, 1999; Allen-Collinson, 2011; Baird and Mitchell, 2014 demonstrated the compatibility of feminism and phenomenology and encouraged their combination. In order to research domestic violence during pregnancy, Baird and Mitchell (2014) employed a feminist phenomenological approach to both access and interpret women’s lived experiences, whilst empowering women by allowing scope for them to convey their feelings. They highlight that interpretative phenomenology

encourages us to understand that the basis of understanding of the world comes from our experience and existence which we are not detached from. They further suggest, interpretative phenomenology allows identification of both common and unique experiences, as well as space for interpretations; for example, all the women in the study shared a common experience of being pregnant and domestic violence, however some of the women also had unique experiences such as the perpetrator threatening their children with forms of violence. Alongside phenomenology, they adopted a postmodern feminist lens which encouraged them to focus on women's voice and representation so that the research was led by them. They also applied intersectionality to consider the factors which shaped their lived experiences and to underpin them with a framework that considers intersections of vulnerabilities and victimisation.

Similarly, Allen-Collinson (2011) writes about the strengths of combining feminism and phenomenology and applied this in particular to female sporting embodiment. Allen-Collinson applied phenomenology in a sociological sense as opposed to a philosophical one, to allow for a deeper analysis of social structures and the impact these had on lived experience. This meant taking a particular focus on the social construction of knowledge and 'reality', as well as social interaction. This involved collecting descriptions of phenomena from 'insiders', impressionistic readings, and in-depth re-reading. She further argues that a powerful analysis can be made of female embodiment and lived-body experiences through feminist phenomenology.

Garko (1999) illustrates the theoretical and methodological compatibility of existential phenomenology and feminist values and principles through five main points that both approaches share, although existential phenomenology has less of a direct and explicit

focus on women's experiences. These include: 1) Holding women's lived experiences central to the research and exploring the meaning of phenomena in everyday life; 2) Overcoming the misinterpretation and concealment of women's experiences by being open, providing description and committing to understanding; 3) Acknowledging the importance of a 'Feminist Consciousness' when thinking about how women make sense of the world and how meaning is assigned to phenomena; 4) The belief that the relationship between that of the researcher and researched is a mutual exchange of knowledge and co-creation of knowledge and understanding; 5) Suspending your own beliefs in order to describe and understand women's from their own viewpoint, known as bracketing in phenomenology.

As the aforementioned demonstrates, combining phenomenology and feminist theory can create a more effective and rounded conceptual framework. Judith Butler (1988) published a paper titled "*Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory*" which sought to illustrate ways in which gender might be understood and constituted as an identity which is performed through repeated acts and "*compelled by social sanction and taboo*" (Butler, 1988, p520). Drawing specifically on Merleau-Ponty, Simone de Beauvoir and feminist theory, Butler explores the ways in which sex and gender can be understood when viewed through a feminist phenomenological lens. This essay by Butler is important to my research as I consider embodiment and cultural gendered performance as concepts that can add understanding to the phenomena of FGC. Butler expresses how feminist theory is critical of the naturalistic assumption that the meaning of women's social existence is based on their physiology. Equally phenomenological theories on embodiment are concerned with the physiological and biological processes which structure bodied existence, and later play a

role in understanding embodied and lived experiences; this demonstrating their compatibility. Both Merleau-Ponty and Beauvoir acknowledge the existence of natural dimensions to the body but make the distinction of the process of the body bearing cultural meaning. Instead the body is seen as an active part in embodying cultural and historical possibilities. Butler suggests that gender is a performance which acts as a survival strategy and comes with consequences for “*those who fail to do their gender right*” (Butler, 1988, p522). This is a crucial point when considering FGC as initiation into womanhood, embodiment and cultural identity and will be reconsidered further in this chapter and again in the Discussion chapter.

In conclusion, drawing insights from both existential phenomenology and feminist theory is a viable theoretical approach which has previously been demonstrated in a number of areas of research including sensitive research, such as that of Baird and Mitchell (2014) on domestic violence during pregnancy. Furthermore, it is compatible with my research as the motivation stems from wanting to understand the lived experiences of women with FGC from their own viewpoint, and to do so in a way that allows women to set more of the agenda to promote co-creation of knowledge and women’s consciousness.

4.3.5 Operationalising Phenomenology and Feminist principles in methodology

As argued above, the merging of phenomenology and feminist theory, has proved effective in creating a conceptual window through which women’s experiences can be viewed. It provides both a theoretical and operational device for my research into the practice of FGC, whilst also serving as an appropriate methodological mechanism.

The process of phenomenological research starts with the participant describing their lived experiences (Giorgi, 1975 in Flood, 2010). This can be operationalised with first-hand accounts in the form of diaries, stories, narrative accounts, interviews, and observations. Each of which captures the person's thoughts and feelings about the particular lived experience, at that moment in time. The questions asked during the interview probe the participant in order to find meaning and essence, but do not aim to generalise the findings (Mapp, 2008). Similarly, researchers adopting a feminist theory framework often utilise semi-structured interviews to gain insight into the participants' world and subjective understanding, which allows the participant to set more of the agenda. This contributes to reducing the hierarchy and power conflicts often present with an interviewer and participant. It also allows the researcher to explore themes that are important and relevant to the participant (Hesse-Biber, 2014). Many researchers make use of open questions at the beginning of the interview to help establish a relationship, trust, reciprocity and create a safe space for open dialogue. In addition to using open questions in my own research, I also used general questions such as marital status and place of birth as a means of establishing a relationship and easing participants into the interview.

The application of a feminist phenomenological lens will guide my research in addressing the following questions as outlined in chapter One.

- Why do women who have migrated to the UK or have a migrative background, continue to experience the cultural practice of FGC and to what extent they have agency and autonomy over such decisions?
- What are men's views around the practice, preferences to marrying women with FGC and the continuation of the practice?

- To what extent do women voluntarily and autonomously choose to practice FGC?
- In what way are subjective experiences of FGC gender specific and based upon historical, systematic and standardised gendered divisions of lived experiences?
- What are the implications of these traditional rituals for women's status and power in society?

4.4 Feminist discourse and scholarly approaches to FGC

Finally, in contrast to the different strands of feminist discourses that have already been discussed and often been critiqued for being euro-centric or lacking cultural understanding, it is crucial to consider the lens of black feminist discourse. Black feminism has been defined as “*a sustained critique of the racism and ethnocentrism of white-dominated systems and practices including feminism*” (Andermahr, Lovell and Wolkowitz, 2000, p23). It considers the theoretical interpretation of reality by black women and joins scholarship with activism to politically empower black women. This is necessary, as traditional scholarship is controlled by elite white men, this has been termed the ‘*euro-centric, masculinist knowledge validation process*’ by Collins, who argues it suppresses black women’s articulation and expression of experiences and ability to self-define (Collins, 1990).

Black feminism rose from the lack of representation and attention (particularly in ‘white’ feminism) to the oppression and exploitation that black women faced during the 60’s and 70’s. There was belief that the racism within the suffrage movement was due to concern that attention would be diverted to emancipation, black feminism was committed to rejecting priority being given to women’s oppression over racism (Smith, 2013).

Sojourner Truth's famous speech 'Ain't I a woman?' (at Ohio's woman's rights convention, in 1851) highlighted the multiple layers of oppression and discrimination faced by many black women,

"That man over there says that women need to be helped into carriages and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-puddles, or gives me any best place! And ain't I a woman? Look at me! Look at my arm! I could have ploughed and planted, and gathered into barns, and no man could head me! And ain't I a woman? I could work as much and eat as much as a man—when I could get it—and bear the lash as well! And ain't I a woman? I have borne thirteen children, and seen them most all sold off to slavery, and when I cried out with my mother's grief, none but Jesus heard me! And ain't I a woman?" (Sojourner Truth, 1851 cited in Smith, 2013)

This speech shows how, when a man called for women to be treated delicately, black women were still ignored. Collins suggests that this was because the majority of black women were forced to America during slavery which then shaped their relationship with the political context in America (Smith, 2013; Collins, 1990). Collins outlines three dimensions that contributed to black women's oppression: exploitation of black women's labour; political oppression; and controlling images such as welfare mothers, black prostitutes and Aunt Jemima's on pancake mix boxes (Collins, 1990). She also pays particular attention to the suppression of black feminist thought and reclaiming the black feminist intellectual tradition by considering everyday ideas, conversations and everyday behaviour of black women including musicians, writers and poets, advocating

Afrocentric traditional oral methods of communication and intellectualism (Collins, 1990).

The understanding of the multiple oppressions of race, gender and class have previously been described as ‘interlocking oppressions’, ‘simultaneous oppressions’, and ‘double/triple jeopardy’ (Smith, 2013), and was coined intersectionality by Crenshaw in 1989, which is outlined in more detail later in this chapter. Collins (1990) adds the concept of “matrix of dominations” which takes into consideration how intersecting oppressions are organised and how across numerous oppressions there will be structural, disciplinary, hegemonic and interpersonal power domains (Collins, 1990; Smith, 2013). Considering black feminism and intersectionality are important in shaping my research, despite FGC not being a phenomenon that only affects black women or all black women, it is often framed that way especially in mainstream media in the UK. Firstly, black feminist thought can help us to understand how such representations can be controlling and excluded from other strands of feminist discourse and activism as FGC does not concern white middle class women, and secondly my own positionality, which is discussed in more detail in the Methodology chapter (chapter Five). It is important to note that there are contested and complex political meanings around the term black and who classifies as black, in my research I am using this broadly to highlight a strand of feminism which may be of use in understanding FGC and identity and particularly intersectionality, as discussed in more detail below.

4.5 Attempting to understand FGC by applying intersectionality

Intersectionality was coined by Kimberle Crenshaw in 1989, to highlight the need to understand black women’s experiences from the standpoint of both gender and race as

they had previously been explored separately (Davis, 2008). Crenshaw highlights that a single-axis of categorisation and analysis is not suitable for understanding the multidimensional experiences of black women; this is because the dominant conceptions situate the experiences of privileged groups experiences as universal. For example, Crenshaw discusses black women's experiences in court and highlights that in order for them to be protected they either had to claim on the grounds of sexism which coincided with white women's experiences or on the grounds of racism, where their experiences were compared to black men's (Crenshaw, 1989). Intersectionality refers to multiple identities and how they intersect, for example, gender, race, ethnicity, religion, sexuality and other categories. It allows us to explore how these interactions of identities shape experiences of subordination and exclusion from social practices, cultural ideologies and institutions (Davis, 2008).

Furthermore, it is argued that categories of gender, class and sexual orientation are aggravated by racial oppression; this has been termed the zone of 'non-being', referring to those who are not white, heterosexual, males by Grosfoguel, Oso and Christou (2015). They highlight that people in the 'zone of being' can face gendered or class oppressions, but still have a racial privilege that will shape their experiences differently to those in the zone of 'non-being'. Their work considers migration theory and 'cultural racism' within Europe, it encourages researchers who are exploring transnational phenomena, such as FGC, and those using interdisciplinary approaches to closely consider how racism and oppression is shaped by migration. This is relevant to my work when considering how FGC shapes or impacts women's identities in the UK. Brah and Phoenix (2004) also highlights the use of intersectionality to explore the impact of economic, political and cultural differences; in different historical contexts. As well as the way in which social

practices criminalise, regulate, discipline and fetishize women's bodies and sexualities. Furthermore, Brah and Phoenix (2004) consider the relation of the term diaspora to intersectionality, they highlight that the term is useful in allowing local and global production of power and coercion to be analysed in respect to people, commodities and capital across history and geographical locations.

Following this idea of linking diaspora and intersectionality, Pittaway and Bartolomei (2001) have applied intersectionality to the experiences of migrant and refugee women to understand the exploitation and abuse of inadequate human rights due to racism and sexism, this discrimination is largely experienced as sexual violence and is documented in international policy and law. Rape and other forms of sexual violence are used to humiliate women and shame men within the community. In addition to this, women are less likely to report these crimes to immigration officers, through fear of being denied entry on moral grounds and accusations of prostitution. Adding to this, Barbera (2009) explores discourse on 'third world' women who are often labelled as sexually oppressed, domesticated and traditional; this leads to them being viewed as incapable of getting their voices heard. Intersectionality sheds light on the exploitation women face when in displaced communities; as migrant women often identify their gender as embedded in political, physical, emotional and social contexts this can render them both included and excluded in displaced communities (Barbera, 2009).

Whilst intersectionality seems to be a hot topic in feminist scholarship and at face value allows us to understand the complex nature of intersecting identities and discrimination, its strengths and limitations have been critiqued in depth. Davis (2008) applauds the openness of intersectionality, claiming that this may be what allows it to be so successful

in addressing one of the most prominent concerns of feminist scholarship; the differences between women. In her paper *“Intersectionality as a buzz word”* she describes the debates around how intersectionality should be used and conceptualised. Whilst commonly conceptualised as cross roads by Crenshaw, it has also been referred to as axes and should be thought of as across categories (Yuval-Davis, 2006), or a dynamic process where there are ‘sites’ of multiple identities (Staunaes, 2003). I will be focusing on Crenshaw’s conceptualisation to best reflect women’s experiences of FGC as well as adapting it to incorporate FGC as a dimension of these crossroads and a ‘site’ of intersecting identities. There is however, confusion as to whether it should be used as a theory, concept or analysis tool, and further confusion as to whether it applies to individual experiences, social structures or cultural discourse. In my research I will be using it as a concept to understand individual experiences and how these might impact identity and the understanding and lived experiences of FGC.

Furthermore, there are difficulties in the sense that there are not stringent methodological guidelines to its use with feminist inquiry and empirical research; however, these can be navigated as intersectionality encourages reflection on positionality, engaging critically with one’s own assumptions and adopting feminist research principles (Davis, 2008). In order to address such difficulties in applying intersectionality in empirical research, I have discussed my use of positionality and reflection in the methodology of this thesis (chapter Five). My use of intersectionality as a concept will also be presented in the discussion chapter (chapter Ten), as I intend to highlight how intersectionality offers a lens to understand the complexities of FGC in the UK.

4.6 Embodiment and body politics

4.6.1 Embodiment

The term embodiment has been used in both phenomenology and feminist academic discourse, and there are numerous ways in which this concept has been utilised. Fahs and Swank (2015), for example, highlight the different types of embodiment including; disembodiment, anxious embodiment, sexual embodiment and embodied resistance. All of which could be applied to FGC and would contribute to understanding the multifaceted justifications for the continuation of FGC, and the different ways in which sense is made of it. For example, ‘Anxious embodiment’ relates to patriarchal ideals of what represents a ‘good’ body - in this case having undergone FGC is often seen as being complete, clean and normal by those in affected communities, as described in chapter Two. ‘Sexual embodiment’ reflects compliance around sexual behaviours, one of the common justifications given for the practice of FGC, and finally ‘Embodied resistance’, which relates to using the body to contradict cultural norms. This can be seen by those who refuse to perform FGC on their daughters, and those who choose to undergo de-infibulation or reconstruction surgery. The concept of embodiment appears to be useful in understanding the way meaning is made around FGC and how it is linked to both cultural and gendered identity.

Embodiment has been considered by many authors across disciplines, indeed Merleau-Ponty considered embodiment with reference to the physical body, in which he describes as the following:

“...I can only understand the function of the living body by accomplishing it and to the extent that I am a body that rises up towards the world”

(Merleau-Ponty, 2014, p78).

This quote suggests that the way our body is physically present in the world directly impacts its functioning. When applying this to FGC, it could demonstrate how women who have undergone FGC embody its implications as ‘normal’ which are often perceived as negative such as painful periods or lowered levels of sexual feeling. This is due to them only ever experiencing the physical functioning of their body with FGC.

In addition to embodiment, Merleau-Ponty (1945, 2014) explains how consciousness of the soul and body is repressed, causing us to treat the body like a machine with ambiguous notions of behaviour. Accordingly, this could be linked to the phenomenon of FGC, from the justifications given in chapter Two, it may be suggested that there are expectations for women’s bodies to be quite machine like, with certain expectations placed on their natural bodily functions and the consequent behaviours. This can be seen in the justification of FGC as a control mechanism for women’s sexual desires, with the aim of suppressing the soul (desires) and body (behaviours) consciousness. He further states, how “*the body is the vehicle of being in the world*” (Merleau-Ponty, 2014, p84) and describes how this confirms our embodied being, and by inhabiting a ‘physical world’ we are met with constant stimuli and situations; which are different for everyone and shape our experiences. This is relevant to my research in particular as I explore the lived experiences of FGC in the UK, where the stimuli and situations are somewhat different to those in countries where FGC is historically practiced. This is important as it informs our embodied being and understanding of experiences (Cummins, n.d.; Catania *et al.*, 2007; Schultz and Lien, 2013; Johansen, 2016). This is discussed further in chapter Ten where I explore Merleau-Ponty’s (1945, 2014) concept of spatial frameworks, agents

field of action and intersectionality (Crenshaw, 1989). Finally, he highlights how our bodies are always perceived, unlike other objects which we do not always interact with, for example, a table. However, our bodies cannot be spread out under our own gaze and always appear from the same angle, unlike other objects which we can view from different angles.

He further describes the case of the phantom limb, whereby people can still feel sensations where a limb used to be, he attributes this to the soul and brain connection. If we take such an explanation and apply it to the phenomenon of FGC, we can begin to possibly make sense of some women's sexual experiences of FGC and the desire to feel 'complete' despite being without a clitoris or labia for as long as they can remember. Nevertheless, Merleau-Ponty questions the need for a psychological explanation as to why someone can feel a phantom limb, but claims that this cannot be explained, and that it can result from the personal memories, desires and emotions of the person. This could help us to understand why some women still experience sexual pleasure despite undergoing FGC (as described in chapter Two), because they have strong emotions and desires to experience this, therefore overriding any limitations due to the cutting.

The above point leads onto Merleau-Ponty's ideas around the body as a sexed being, where he highlights how "*Sexuality is not a mixture of 'representations' and reflexes, but an intentionality*" (2014, p156). He explains how our natural pleasures and pains can be replaced with simple representations, associations and conditioned reflexes, and how our body is a natural self. This suggests that what we come to 'know' of our bodies, sexuality and responses are taught and socially constructed, as suggested in the previous chapter by (Catania *et al.*, 2007). Applying this to FGC, we can consider how women's responses

to sexual pleasure may be conditioned by social expectations of behaving in a way that is deemed acceptable, or how for some women their bodies after FGC are associated with positive representations of womanhood, and for others their responses are pain. He further claims, “*Sexuality cannot be transcended and yet there is no self-enclosed sexuality*” (2014, p174). The idea that we cannot go beyond sexuality or communicate it with other people and external systems highlights the deep embodiment of our natural sexuality and sexual responses that we learn to override by social conditions and expectations of how we should respond and behave. This is an interesting conceptual framework as it is helpful to explore and understand why some women with FGC may feel that they are missing out on something sexually despite never experiencing sex before undergoing FGC.

4.6.2 Body politics

Body politics helps us to understand why certain bodies become of political interest and scrutiny (Waylen, 2013); a theme considered both by phenomenologist Merleau-Ponty and contemporary feminist theorists. Considering body politics, therefore, allows us to understand why FGC is such a topical issue particularly in the UK; authors including, Harcourt (2016) and Jung (1996) have discussed FGC in their writings on body politics.

Body politics locates the body at the core of the political arena, by highlighting how it produces knowledge alongside telling a narrative of culture, social issues and political resistance (Grosz, 1994; Waylen, 2013; Harcourt, 2016). Whilst some bodies represent social power and privilege, others are the subjects of oppression, in particular gendered bodies where women’s sexual rights are often informed by policies (Waylen et al, 2013; Harcourt, 2016). Oppressive conditions create a political struggle over the body and its biological, social and cultural experiences (Harcourt, 2016). Bodies which do not have the characteristics of a white, heterosexual, male are not accommodated by societies

power structures; for example, women are equated to their bodies and often deemed vulnerable to violence (Waylen et al, 2013).

Jung (1996) wrote in depth about the use of the concept body politics within phenomenology, also known as phenomenological aesthetics or Carnal hermeneutics. Here phenomenology views the body as a concrete way of being in the world, and as the site of performance which is in resistance against an oppressive government (Jung, 1996). Viewing the body as a performance of resistance has relevance to the understanding of FGC and de-infibulation before marriage, reconstructive surgery or refusal of FGC for a daughter, as this will be demonstrated in the discussion chapter (chapter Ten).

Merleau-Ponty's work on perception further links phenomenology and body politics as it draws attention to our bodies being the physical vehicle that is present in the world with other bodies and has primacy over the mind. Furthermore, Jung (1996) discussed the connection between phenomenology, the feminist movement and body politics, highlighting two main strands of thought; those seeking equality and those celebrating embodied feminine difference. Jung notes that this approach has been used to examine cultural phenomena such as FGC and Chinese foot binding. Applying body politics in my own research will help me to understand how sense is made of FGC, in particular when the female body gets positioned in-between two cultures.

Also drawing on the idea of social pressure to conform but from the perspective of state authority on the body, Roberts (2011) discusses the work of Butler (1995-97) on legal structures and Megan Lindholm's story 'Cut' to consider the relationship between the body and the state. Gender roles and social norms can undermine the rights women have

over their bodies and this can make it difficult for legislation to recognise and promote this. Roberts claims that both arguments focus on the individual terms of dealing with pressures to conform to social norms about the body, he suggests that collective action is crucial and more appropriate when considering activism and FGC. Roberts (2011) states that there is a clear expression of state authority in how people relate to their body, evident in rules around dressing and modifying the body. Furthermore, legislation around the body is strongly related to media, technology and culture. However, the way in which individuals interpret this can vary and as evident in Lindholm's story a character named Patsy views the argument for sexual liberation and fulfilment as a way of reinstating that women are only for sex; she frames FGC as a way to take back control of her own life and not allowing sex to be a defining part of her as a woman. Roberts relates this point to Butler's (1988) ideas around gendered performance and adds caution to asserting group identity to women and their understanding and meaning-making of FGC.

4.7 The gendered and performative body

The conceptualisation of the gendered body and performativity has notably been developed by Judith Butler, an American philosopher and gender theorist. Her work has been instrumental in conceptualising the performance of gender, in *Gender Trouble* she claims, "*There is no gender identity behind the expressions of gender; ...identity is performatively constituted by the very expressions that are said to be its results*" (Butler, 1990, p25). In an essay entitled "Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory" (1988), she explores phenomenological theory and feminist theory to articulate how the body comes to be gendered. She claims that gender is socially constructed and performed as opposed to being either biologically determined or a natural occurrence. This, however, diverges somewhat from some

phenomenological theorist's claims, for example, the gendered self is established prior to any acts of performance (Butler, 1988). Butler illustrates how phenomenology can support feminist theory as they share the goal of grounding theory in lived experience and 'acts'; in phenomenology 'acts' are collective and shared, similar to feminist theory where the category of personal is expanded to include political structures.

Drawing on the work of Merleau-Ponty and Simone de Beauvoir to illustrate the approach of phenomenologists, Butler reminds us of Merleau-Ponty's claim; that the body is a 'historical idea' which gains meaning through the embodiment of historical and cultural acts, as opposed to being predetermined. Butler (1988) explains that we therefore do not simply just have a physical body, but rather that we 'do' one's body, which is shaped by historical circumstances and possibilities and therefore, *"One does one's body differently from one's contemporaries...predecessors and successors"* (p521). In applying this to FGC, we can begin to explore how the practice is changing amongst generations and what historical events have acted as a catalyst to this. For example, what historical circumstances and possibilities have occurred to allow some women not to undergo FGC, is it being in the UK around more non-affected communities; is it changing cultural values; is it political attention and the law; or perhaps it is the increased prevention programmes and campaigns. There are numerous catalysts to change making it difficult to pinpoint one exact reason. Simone de Beauvoir (1908-1986) made the distinction between sex and gender, with sex being biological and gender being culturally and socially interpreted. Beauvoir believed 'woman' to be a historical idea as opposed to a natural fact and builds on this by explaining that one is not born, but, rather, becomes a woman, to highlight how gender is created in time as opposed to being, a stable identity.

By being a 'woman', the body is subjected to conforming with a historical idea of a 'woman' (Butler, 1988).

In addition, Butler highlights how these acts of performance are not individual but rather shaped by social and political structures, and stem from collective action with consequences of social sanction and taboo for not performing gender identities 'correctly'. Butler states that these oppressive conditions are manmade, and gender would not exist if humans did not create these performative acts and consequences. She goes on to state that acts therefore do not stem from this identity, but rather through repeated gestures and enactments, these gendered identities are created. Feminist theorists claim that these gendered identities serve the purpose of maintaining a gender binary frame and 'natural' heterosexual dispositions. Butler is usually classified as a post-structuralist feminist, whose theoretical underpinnings are multidisciplinary in origin (Gavey, 1989). Strategies of change can be identified by feminist post-structuralists as they consider power relations between knowledge production and institutions (Weedon, 1987). Gavey (1989) further highlights that the common ground for most feminist discourse is that speaking from experience has authority, although a post-structuralist approach differs in that it claims experience has no inherent meaning without language, which shapes the way experience is understood. Applying this to FGC is useful as it can help us to understand how women's experiences are embodied and how perspectives differ, an example of this has been demonstrated by Schultz and Lein (2013) who identified the link between meaning-making and understanding of FGC (as discussed in chapter Two). They argued that there are two systems of meaning-making, open and closed. Varying amounts of information was given in the different systems and this appeared to impact

the way meaning was made regarding FGC and the impact they felt the practice had on their identity.

Butler concludes that if the repetitive acts associated to 'gender' are changed, then ultimately gender will be constructed differently. This appears to be a relevant conceptual framework for my research, to consider how people make sense of FGC and the role it plays in the formation of gender identities. This approach could further be used to understand theories of changing the practice of FGC, for example through alternative rites of passage and education around gender roles and inequalities.

4.8 Applying a Cultural Lens

As documented in chapter Two, culture is believed to be a justification of FGC, it is therefore essential to view FGC via a cultural lens as a way of offering further insight and understanding. Applying a cultural lens is pivotal to our understanding of how FGC is understood in a UK context, and in helping unpack the complex cultural justifications given for the practice, whilst ensuring that cultural relativism (defined in chapter Three) is taken into account. Nonetheless, the cultural concepts and literature that have been reviewed in the previous chapters will better enable me to understand, interpret and consider; identity, cultural performance and justifications of the practice.

There are emerging strands of cultural feminism and cultural phenomenology which further support drawing upon a cultural lens within this thesis. These joint approaches have been considered by authors such as Clucas, 2000; Connor, 2000; Tafarodi, 2008; Csordas, 2011. Cultural phenomenology has been described as having the ability to understand culture from the starting point of the body being the site of experience and

way of being in the world (Csordas, 2011) and avoid the out-of-body experiences often described in cultural studies (Connor, 2000). Connor (2000) highlights that cultural phenomenology acknowledges joint meaning-making and can therefore avoid problematic ordering around gender, sexuality and ethnicity as well as the body, identity and power.

4.8.1 The communal body versus the individual body

The previous chapter highlighted that FGC is often described as beneficial to the entire community and can be requested and arranged by wider members of the family or community, not just the parents. This prompted me to explore the concept of ownership in relation to the body, as it became apparent, following the reading of Izugbara and Undie (2008), that ownership of the body does not always belong to the individual but sometimes the entire community. Examples of community ownership in relation to acts of violence against women were detailed by Izugbara and Undie from the perspectives of two Nigerian communities, Ngwa and Ubang. They highlighted that when a woman is raped it is believed that the rape was committed against the whole community and not just the woman. Similarly, if a woman is beaten by her husband it is believed that all the women in the community have been beaten, and they can physically attack the man as a group. They also highlighted that despite migration from rural to urban areas and further a-field, rituals were carried out such as burying the umbilical cord of a new born baby in the grounds of the rural community to affirm the ties and community ownership of the body. They argue that the body is ascribed with the norms and beliefs of culture, therefore making it symbolic. They highlight body ownership from the state, religious groups and ethnic groups, this ownership can be for the purpose of protection, reproduction, and war (Izugbara and Undie, 2008). They suggest that recognition of the body belonging to the

wider community, and not the individual, may provide answers as to why all initiatives around sexual rights have not been successful because different cultures have different values ascribed to the body. It will therefore be interesting to apply this framework to my research on FGC and examine why this practice still occurs in the UK despite migration and how perceived community ownership of the body is understood, complied with, navigated or resisted.

Thus, employing a cultural lens will guide my research by considering and reflecting upon related questions, for example:

- Can FGC initiation and female circumcision be perceived of as institutionalised and a central feature of culture?
- How do gendered inequalities shape the existence of FGC in cultural communities?
- To what extent do women embody the cultural specificities of FGC and how are these expressed and interpreted within a UK setting?
- To what extent is FGC a cultural rite of passage?
- How much cultural value is placed upon the practice and performance of FGC and how does this act as a catalyst for subjective meaning construction which subsequently helps produce or reproduce aspects of cultural identity?
- How the practice impacts women and how it is embodied by women as part of their identity when constructed as a cultural practice which is governed and policed by wider social structures?

4.9 Summary

This chapter has outlined the epistemological and theoretical framework for my research, it has justified and operationalised phenomenology and feminist principles in methodology, which is presented in the next chapter. It has demonstrated the compatibility of combining phenomenology and feminist theory, whilst highlighting the strengths and potential points of concern. This chapter has considered the works of Merleau-Ponty (1945) and Judith Butler (1988) in particular. This chapter has considered black feminism and explored the use of intersectionality (Crenshaw, 1989) to understand the complexity of FGC in the UK. In addition to this it has explored concepts and approaches highlighted from the previous two chapters as useful for my thesis. This included embodiment and body politics; the gendered and performative body; and the communal body versus the individual body. The following chapter discusses the research methods including the sample, recruitment, interview process and my reflections on positionality.

Chapter Five: Methodology and Reflexivity

5.1 Introduction

This chapter (chapter Five) builds on from the previous chapter which presented my epistemological and theoretical framework. This chapter discusses the methodology and provides reflections of the research process where relevant. There is a discussion of qualitative research and choice of methods privileged, exploratory interviews, and how I navigated and negotiated my overall sample and recruitment. I then outline the design of the interview guide and reflect on the interview process. Following this, I highlight language barriers and the use of translators. The chapter then discusses ethical considerations, the transcribing and analysis of my data; before considering how I have applied reflexivity, positionality and emotion work in my research. Finally, I consider the limitations and affirm the strengths of my research.

5.2 Qualitative methods using semi-structured interviews

I have adopted a qualitative approach as this was the best way to explore the meaning attributed to FGC by women and men from affected communities. Qualitative methods and methodologies indeed offer an effective way of collecting in-depth knowledge about the phenomena being studied, providing rich detail and thick description. As this supports the aim of the research to explore how FGC impacted the construction of identities and how FGC is embodied and experienced in the UK. It can further offer meaning to the often complex and sensitive social situations (Bryman, 2008). Qualitative research aims to add understanding and meaning to social realities and provides a platform for the voices of those people concerned. The social reality being studied can be jointly created and developed through social construction, which creates a shared assumption about reality;

which can be rationalised (Flick, Kardorff and Steinke, 2004). This is important and fitting with my research as it has been highlighted throughout the previous chapters have demonstrated that there is a high sense of community pressure to perform FGC which is often fuelled by fear of other community members opinions. This demonstrates a shared construction and reality about FGC and the need for the practice. Due to the complexities and mediated experiences of FGC, it was important to ensure that this research allowed opportunity for those being interviewed to express in detail not only how they made sense of FGC but how they experienced it. This made a qualitative approach suitable to my research.

In order to explore women's and men's perspectives, as well as lived experiences of FGC in the UK, semi-structured interviews were employed in this research since they are well suited to the feminist principles that guided this study; for example, they help to reduce the agenda of the researcher more so than structured interviews, letting participants have more control, hearing subjugated and subjective knowledge (Hesse-Biber, 2014). Semi-structured interviews enabled a deep exploration of complex and sensitive themes, such as particular the impact of the practice on women's identity and sense of embodiment (as discussed in the previous chapter). Semi-structured interviews enable us to be flexible and versatile in order to talk to people about their views, experiences and how they feel, in particular with sensitive topics (Fylan, 2005). They further allow for the interviewee to set the direction of the interview, giving them more control and ensuring that the points raised are of relevance to themselves and not the researcher (Denscombe, 2014). This is a very important part of feminist research principles. Semi-structured interviews have both advantages and disadvantages, such as being time-consuming and taxing, in particular the process of transcribing and analysing. However, they are advantageous as

they are versatile and flexible, whilst allowing for complicated and sensitive topics to be explored. In addition, they produce rich in-depth information, which is deemed important to the individual (Fylan, 2005; Bryman, 2008).

5.3 Recruitment

After consulting a selection of literature on negotiating access, it became apparent that the best possibility of navigating access would be via gatekeepers, key community members and taking a snowballing approach. Similarly, previous FGC studies, which adopted this approach served as a useful and effective guide for my own recruitment methods.

This section will discuss the benefits and challenges of recruiting via gatekeepers, Twitter and online forums, Community recruitment strategies and snowballing. A table of how every participant was recruited is demonstrated in the table below, it can also be located in appendix Five.

Recruitment method	Number of participants
Gatekeeper	15
Twitter	5
Community recruitment strategy	5
Snowball method	5

Table one: recruitment method

5.3.1 Benefits and challenges of recruiting via gatekeepers

Miller and Bell (2012) describe gatekeepers as those who can ‘permit’ access to others because of their superior inside position, this suggests a potential power relationship

between gatekeepers and those we access. These power dynamics, alongside gender and ethnicity, can be ethically problematic when considering how voluntary informed consent is. Gatekeepers may, for example, make resistance more difficult as participants may feel more pressured (see ethics section below 5.8). McFadyen and Rankin (2016) also highlight that gatekeepers can limit or delay access despite ethical approval. They do however note how gatekeepers can have an invaluable influence on research such as facilitating the smooth running of the research (McFadyen and Rankin, 2016).

I identified possible gatekeepers by attending community centres and contacting local groups that focused on FGC and other health initiatives in affected communities. I made initial contact with potential gatekeepers or key community members via phone calls, emails and meetings. Many organisations, including council or Government funded projects, stated they could not facilitate my research due to its sensitive nature. Some however such as a local HIV clinic, children's nursery and skills development centres were more accommodating. This did not always come without its difficulties as negotiating access involved presenting on FGC, becoming a support worker for women with FGC, being asked to write academic papers and set up support groups. This questioned my position as a researcher, which is discussed below (Section 5.11). In total 15 participants were recruited via gatekeepers.

5.3.2 Twitter and online forums

The number of researchers recruiting through social media sites such as Twitter, Instagram and Facebook, is on the rise and well recognised within social research as a valid method of recruitment (Finzel, 2013). There are many advantages to this type of recruitment including time and cost effectiveness and being able to reach niche groups. However, questions have been raised about its credibility regarding the way people

present themselves online (Finzel, 2013). There is a growing presence of FGC campaigns on Twitter which can be found under the hashtag FGM (#FGM). This made Twitter an effective tool for recruitment and I recruited five participants via this method. It was important that this was not the only form of recruitment as it would only reach specific people, such as those active on Twitter and those that engaged with the hashtags. I also created a website with information about my study (appendix Six) and posted the link on Twitter.

Furthermore, due to the increased anonymity of being online, I posted details of the study on a number of forums such as; Somali Spot, Somali net, Somali online, Mereja and topix.com-mugadisho. There was no communication through these sites despite there being other posts in English and on sensitive topics; no participants were recruited through this strategy.

5.3.3 Community recruitment strategies and challenges in Leicester

In order to cover all possible avenues of recruitment in Leicester I created a list of relevant organisations and charities (see appendix Seven). The criteria included organisations which had contact with women and children, for example Sure Start centres and nurseries; culturally specific to affected communities; community centres, schools and mosques. Whilst it was often difficult to gain access to these places and my identity and purpose for being there was questioned; this often manifested in questions such as “Where are you from?” “Are you a social worker?” or “Are you Muslim?”. It was apparent that some organisations were more welcoming in offering to advertise my research or let me speak to people within their facility than others. This was often those which were culturally specific and provided English lessons, or those which raised awareness of FGC or other

health issues such as HIV and sensitive topics such as Domestic Violence. This method allowed me to recruit five participants.

5.3.4 Snowball sampling

My main recruitment strategy for interviews was snowball sampling; a term used to describe when one participant directly recruits other participants. This technique is often used when researching ‘minority’ groups because it can be difficult to identify them in the wider population (Miner and Jayaratne, 2014 cited in Hesse-Biber, 2014). Sadler *et al* (2010) suggest one advantage is the cultural competence in how to approach potential participants, however a disadvantage can be an over-representation of people with similar characteristics. In total I recruited five participants via snowballing. I had anticipated a greater response via snowballing, however, due to the sensitive and political nature of the topic, this recruitment strategy proved less effective than expected. This could be due to people not wanting to raise suspicion of their own participation.

5.4 Sample

Originally, I proposed the inclusion criteria for my sample would be Somali and Kurdish women and men living in Leicester. There is indeed a local demographic of both communities which are affected by different types of FGC, with Somalia having a prevalence rate of 98% and Kurdistan in the region of 60% (UNICEF, 2018; Stop FGM Mid East Org, n.d.). Moreover, no research had been conducted in Leicester and there were no official FGC support programs; in comparison to London and Birmingham where funded research had previously been carried out and awarded. I did not stipulate a maximum age, marriage status, education status or any other criteria for participants because I wanted to ensure I had explored a range of women’s and men’s lived

experiences and perspectives of FGC, which can be influenced by a number these characteristics. As explained above, due to various difficulties faced during the recruitment phase, I had to adjust my inclusion criteria in order to increase the number of participants to interview. In the end, the final sample ended up being more ethnically diverse, including people from Gambia, Nigeria, Kenya, Somalia, Kurdistan, Sudan, Guinea. It also involves people situated outside of Leicester, i.e. London, Birmingham, and Nottingham.

The exploratory interviews I had with 13 participants ended up being part of my sample, because the research tool used was the same as that used in the main data collection and the findings were therefore of sufficient quality (discussed in detail below 5.6). My final sample consisted of women and men aged age 18+, living in the UK, from affected communities of FGC. The tables below help to summarise my sample. This included 14 women who self-identified as having undergone FGC, seven women who identified as not being subjected to FGC and nine men.

Women with FGC	14
Women without FGC	7
Men from affected communities	9

Table two: participants by FGC status

The ethnic breakdown of my sample was; 12 Somali (female (f)-9 male (m)-3), 9 Kurdish (f-4 m-5), 2 Sudanese (f-1 m-1), 1 Nigerian (f), 3 Kenyan (f), 2 Gambian (f) and 1 from Guinea (f). In terms of their religion, 25 participants self-identified as Muslim (f-16 m-9) and 5 self-identified as Christian (all female).

Ethnicity and religion	Female	Male
Somali	9	3
Kurdish	4	5
Sudanese	1	1
Nigerian	1	0
Kenyan	3	0
Gambian	2	0
Guinea	1	0
Christian	5	0
Muslim	16	9

Table three: participants by ethnicity, religion and gender

The marital status of my sample varied with 17 being married, 16 of which had children, three of the women were divorced and all had children, 10 had not been married and had no children. The eldest participant was 58, the youngest was 19 and the average age was 34. Most of my participants were from Leicester (n-21), the rest were from London (n-5), Birmingham (n-3), and Nottingham (n-1). There were a number of students in my sample (n-4 undergraduate and n-9 Ph.D. students, although only one was recruited through my university), other participants were working (n-11) or taking English lessons known as ESOL (n-6). A full table of participants characteristics can be found in appendix Five. No participants withdrew from the study, two did, however, wish to not be recorded, these interviews were recorded verbatim by hand.

5.5 Interview guide and interview reflections

The Harvard Sociological strategy for qualitative interviews (n.d.) provides some guidance on designing interview guides. It suggests to first consider broad topic areas related to the research question and then to narrow the questions down, it also advises not to be afraid of asking embarrassing questions as this is how you will obtain the information desired. Following this, I created the interview guide by considering broad topics that seemed relevant to FGC and identified from the literature review including; marriage, birth, periods, sexual intercourse, psychological impact and, relationships. With these broader topics in mind, I went back to my research aims and questions and fundamental theoretical principles and designed over 40 questions (appendix Three). The interview guide was checked by my supervisors and refined and then looked at by a community gatekeeper to ensure they were sensitive and appropriate. this guide was then used in the interviews.

5.5.1 Interview Process

All participants were given a choice in how they wanted to be interviewed and where, interviews were conducted face-to-face (n-22), on the phone (n-6) or by Skype (n-2). One woman was interviewed in her home, two women in a library, six women and two men were interviewed at the organisation they were recruited from, nine were interviewed at a university, one at a school and one at a health centre.

On average the interviews lasted 50 minutes, with exception of six with the translator which lasted around 15 minutes due to time restrictions of the organisation. The interviews with the Kurdish men lasted on average around 25 minutes. The majority of the interviews were one-to-one, with exception to the two Kurdish women who wanted

to be interviewed together, and the six Somali women who wanted to be interviewed with another woman in the room as well as the translator. I initially thought this would be problematic, before each interview I asked the women if they wanted to be alone and they all said no, they did not give the same answers as each other and sometimes they would even highlight if they had a more difficult time with it compared to the other woman in the room, this suggests that them being together did not have a significant influence on each other's answers.

Once an interviewee had agreed to take part in the research, I would send them via email the information sheet and consent form if organised online, if organised in person I would give them a printed version. No interviews were organised on the spot and usually booked around five days after the initial conversation and information given to allow enough time to consider taking part and the emotional impact it may have. At the beginning of the interview I would ask for oral consent (see below) to take part and for me to use their data and record it on the Dictaphone. I would then confirm they understood and were happy with everything on the information sheet and consent form. It was important at this juncture to again reassure them of the anonymity and confidentiality of the study and remind them that they could stop at any point and did not have to answer any questions they felt uncomfortable with.

Unlike most studies that would use a form to collect demographical information, I did this orally at the beginning as a way to build rapport and help them relax. I would ask them if they were married or had children, when they moved to the UK and how they found living here, and some other general questions as seen in the interview guide. Taking influence from a storytelling and oral history approach, and in-keeping with

phenomenological methods which suggest that interviews can be fluid, starting with the participant describing their experience (Giorgi, 1975 cited in Flood (2010). I would then invite them to discuss what they knew about FGC as a practice and share their personal story/experiences about FGC if they wished. I would use the answers to these opening questions as a point of reference if the interview got emotionally heavy or the participant seemed like they needed a break, for example asking them about their job or children.

Due to the sensitive nature of this topic, at the end of the interviews, I would use a grounding technique. Tull (2018) describes this as *“a particular type of coping strategy that is designed to “ground” you in, or immediately connect you with, the present moment. Grounding is often used as a way of coping with flashbacks or dissociation”*. This adjustment to my interviews was ethically and personally important to decrease the likelihood of causing any emotional trauma such as triggering flash backs. The grounding techniques often concerned the five senses and may have been a subtle statement about the temperature of the room, smells in the air, the texture of an item of clothing, something that was visible in the room or questions about their job and what they had planned for the rest of the week. I felt this was a very important way to finish the interview and visibly relaxed the participants after sharing such intimate and personal details.

After the interview, I sent participants a list of useful contacts, services and web links as means of signposting and support if they felt it necessary. This also helped to avoid taking on a counselling role in which I am not adequately trained or qualified for, and to avoid crossing the boundaries of friendship which has been considered in research methodology by many authors particularly with sensitive research. For example, Oakley (2015) discusses her research with women and transitions of ‘friendship’ based on the shared

experiences of gender subordination, she discusses how she aimed to reduce the exploitative nature of this by answering questions from the women. She further quotes Glesne (1989), who claims that the lines between friendship and rapport in research are blurred.

I emailed participants 48 hours after the interview to check on their wellbeing and to ensure they had received the support package and to see if they had any questions or concerns about the interview. Despite the woman having my contact details and knowing they could withdraw at any time, I wanted to create an open dialogue and clear line of communication so that they did not feel it was a hassle if they did get in contact.

After the interviews if I felt it was necessary or if they were particularly emotionally heavy, I would create voice memos on my phone as a way to debrief and an easy way to reflect later on. I also followed the protocol of letting my supervisors know once I had finished and sometimes phoned after to debrief.

5.6 Two phased interview approach

This research used a qualitative design including an exploratory phase and a main data collection phase. The purpose of the exploratory phase was to have informal conversations and to further identify and examine the feasibility of the questions. For example, during the exploratory phase the issue of women not feeling whole or like a ‘full’ or ‘complete’ woman arose, however, to frame this in a question made me feel really uncomfortable but it seemed important in terms of how FGC might impact the construction of gendered identity and how women made sense of this. This exploratory phase could be seen in a similar light to a pilot study, in which research instruments can

be tried out to highlight any potential issues (Teijlingen and Hundley, 2001).

During the exploratory phase, I spent time with key community members/gatekeepers having informal conversations about FGC, culture, identity and other daily experiences (Miller and Bell, 2012). Informal conversations and having ethical approval for oral consent assisted me to build trust within communities and gain understanding of cultural norms and practices. For example, on one occasion, I met a Somali man and went to shake his hand. However, he sat with his arms crossed. I was later informed that some Somali Muslim men will not usually touch any other women unless they are married to them. This contextual information allowed me to approach people in a more culturally appropriate and sensitive manner. The contextual interviews (13 in total) were carried out between September 2015 and May 2016. Participants were invited to share their knowledge and views of FGC, and their personal stories if they wished; fitting with a phenomenological approach as described in the previous chapter. The interviews were semi-structured and open-ended. This data collection tool is valid in qualitative research and particularly good for sensitive topics and when taking a feminist methods approach (Letherby, 2003).

The main data was collected between May 2016 and December 2016, also consisted of semi-structured, open ended interviews (17 in total), which also began with participants sharing their knowledge of FGC. The final data set (n=30) included both the contextual interviews and the main interviews. For this reason, I will present both sets of data in the following chapters (Six, Seven, Eight and Nine), without making the distinction between the contextual and main sample. However, for transparency a list of those collected during this period can be found in appendix Four. Whilst caution may be applied to using data

from pilot studies in the final analysis and reporting, Teijlingen and Hundley (2001) argue this data is of high value if a valid data collection tool was used during the pilot study to determine methodological elements. As I had used the same data collection tool and approaches in both phases it is feasible for me to use this data.

5.7 Language and translation

I anticipated some language barriers during the research process, however, cross-language qualitative research with translators is common (Squires, 2008). Although many researchers fail to document this and often present their results as if their participants were native English speakers (Squires, 2008; Temple and Young, 2004). Denying the use of translators, and therefore the language in which the data was collected, has links to oppression, social control and reinforces the political invisibility of language (Temple and Young, 2004). This lack of acknowledgement can impact the credibility and dependability of the research as translators play such an important and unique role impacting the quality of the data, based on the way they translate and convey meaning (Larkin, Schotsmans and de Casterle, 2007; Squires, 2008). Information can get lost or changed in translation, this might be due to omission, revision, reduction or the belief that something is 'informal' (Berman and Tyyska, 2011). Therefore, professional translators are preferred, although this resource is not always available and therefore it is recommended that native bi-lingual speakers are used instead (Squires, 2008).

Translators should remain objective and not give their personal opinion, or additional contextual explanations (Temple, 2002; Squires, 2008). Birks, Chapman and Francis (2007) suggests that rephrasing of statements and examples may be necessary as well as not making assumptions about their level of English proficiency. Temple and young

(2004) suggests there is no consideration for the primacy of the English language and conveying meaning with words should take importance over literal translations. It has also been suggested that translations should be based on meaning and not purely the linguistic structure (Kapborg and Bertero, 2002; Berman and Tyyska, 2011). However, it has been argued that the translator is part of the production of knowledge and translation cannot be carried out from place of neutrality (Temple and Young, 2004). Temple and Young (2004) also highlight the very important concerns around language and power hierarchies, they advise that researchers have a conversation with translators beforehand to gauge differences in understanding and concepts.

The interviews for this research were conducted in English by myself, apart from six which were conducted with a translator in Somali. All interviews however, were transcribed by myself. During some interviews I noted pauses in the flow due to searching for translation of meaning and frustration in trying to express oneself was apparent. Originally, I had planned to recruit people who spoke and understood English, due to the cost of translation services. I was however given the opportunity to interview six Somali women who were taking ESOL classes and the gatekeeper had offered to translate the interviews for free; all were conducted in Somali allowing more inclusivity and power to generate stories in their mother tongue. They understood and spoke English to various levels, some of the women spoke to me in half Somali and half English and a few women understood the question before the translator spoke but answered back in Somali.

Although the use of a translator added some valuable information to the study it did come with some notable implications, such as the translator interjecting and giving her own opinion or what she thought the women meant when I asked for clarification or further

probed. During the 4 occasions in which this happened I would clarify if these were the women's words and ask her to confirm with them that this is what they meant. Sometimes there was not a direct translation of the words or phrases I used, and the closest translation would be made. Other clear frustrations were visible when people mentioned that they did not know how to explain it or found it difficult to do so, this could have been due to language, the sensitivity of the topic or how deeply embedded the practice is. On reflection, I feel, however, it was really important that these women could be involved and speak in their mother tongue.

As the translator for my research was also my gatekeeper and their ESOL teacher, it is important to note that these multiple roles the translator had may have impacted the women. I am not fully aware of how the women viewed the translator, and I assume as she was their teacher and spoke fluent English there could have been power dynamics within the group, which may have been exaggerated through the research process. I explored this with the translator and had conversations around her role, direct translation and confidentiality of the personal information she would know post interview.

5.8 Ethics

Ethical approval for my research was granted on 23rd June 2015 (Ref 1506) by the Health and Life Science Research Ethics Committee at De Montfort University. This included many of the common ethical guidelines and practices, such as; causing no harm to participants, confidentiality, anonymity through the use of pseudonyms, data security and, informed consent. All participants were provided participant information sheets and a detailed consent form; ethical approval included oral consent.

Oral consent is deemed appropriate when conducting research with 'hard to reach' groups and sensitive topics and is a common and well-noted method of gaining consent. Oral consent was necessary for my research to reduce the power dynamics between myself and the participants. Anticipating that I may be interviewing people who potentially could have been faced with immigration papers or legal papers of that nature I did not want them to anticipate any sort of authority within the interview, this would also reduce the fear of being identified. I had no issues getting oral consent which was asked for before the interview and again once the recorder had been switched on. Miller and Boulton (2007) discuss the changes in constructs of informed consent, in particular from written to oral in qualitative research. They explain that there is a change in expressions of agency and power and that these along with risk all shape the qualitative research experience, which cannot be adequately captured in information sheets and consent forms. Miller and Bell (2012) also note that those who identify as socially excluded or from a marginalised group, are unlikely to formally provide written consent.

As previously mentioned, it is paramount to ensure that participants do not feel pressured to take part in the research. This was an important consideration in my own research, particularly with the presence of gatekeepers. For this reason, I ensured there was a period of time between initial consent and the interview (around 5-7 days) and that consent was given by the interviewee again before commencing. This created more space for participants to think about their involvement without the gatekeeper being present.

Similar to other projects which research violence against women or specifically FGC, further ethical consideration and, dilemmas were identified as relevant. In particular, I was concerned with the sensitivity and potential emotional distress that may be caused,

including the possibility of triggering flashbacks and psychological distress, in order to reduce this, I employed grounding techniques as previously described.

Additionally, due to FGC being against the law under the Female Genital Mutilation Act (2003), I had to take caution when asking questions around attitudes towards the practice as this may expose illegal activity or intent to break the law. I therefore did not ask direct questions about their intentions to carry out FGC in the future but asked about any expectations or pressures they might expect. The British Society of Criminology has issued a Code of Ethics (2006) which states that researchers should be open to participants about how far they can protect their anonymity and confidentiality, researchers should also give regard to issues of child protection and make provision for the disclosure of abuse. Finch (2001) discusses the dilemma of researchers meeting the ethical obligation of confidentiality in the face of a legal obligation to divulge information. She further highlights how researching illegal activities can raise significant moral concerns and engage the researcher in an ethical dilemma. The code of ethics acknowledges this but provides no guidance on resolving it.

Finch (2001) also states that the researcher will not engender criminal liability for failure to report the information and that it can cause more difficulties if these intentions are not stated at the beginning and then are compelled by law in a court's order to disclose records and interview transcripts. Taking this into consideration I decided that if a participant revealed that the practice had already taken place it would be kept confidential, however, in the case that a participant revealed the intention to carry out the practice then in the protection of the child, confidentiality and anonymity would not be guaranteed as it would need to be raised with a local safe guarding team, participants were made aware of this

before participating.

Lowering the potential of bringing harm to participants caused by discussing the lived experiences of FGC, which could trigger upsetting memories and undue distress, was extremely important. The participants were informed at the beginning of the interview that they could stop at any point and did not have to answer any questions they did not wish to. Participants were emailed a few days after the interview as discussed above in the interview process and were also emailed a pack with signposting information, helplines and the contacts of specialised clinics. Participants had my email address and contact details and were encouraged to ask any questions after and also if they felt they needed any extra support.

In light of these potential harms, it was necessary to handle this research with extreme sensitivity. This involved ensuring the language I used was culturally acceptable, gaining oral consent, grounding techniques and being mindful of language barriers.

5.9 Transcribing and Analysis

Transcription is an important element to the research process and crucial to the analysis of the data, a common practice in qualitative research is to use transcription services. Tilley (2003) highlights that whilst this is often seen as a mundane task, the person who transcribes the data actually impacts it through their interpretive theoretical and analytical lens; where possible the researcher should transcribe the data themselves. This is beneficial to the analysis process which Lapadat and Lindsay (1999) argue provides a deeper analysis and understanding of the data. Outlining the process of transcription is also believed to strengthen claims of research rigor and trustworthiness (Tilley, 2003),

this also helps to demonstrate the production of codes and themes in thematic analysis (discussed below).

For the above reasons, I transcribed all the interviews myself, some were done during the process of data collection and some were transcribed after. This process was emotionally challenging as I was immersed in my data and the stories of the women. Transcribing some of the earlier interviews during data collection was a useful process in reviewing my questions and identifying further lines of inquiry. I noted any emotional changes such as laughing and crying, I also made reference to long pauses and voice changes where possible. Participants were given pseudonyms to protect their identity and anonymity, the names were selected by searching popular names specifically related to the ethnic background they identified with. This will help to enhance the story telling of the women and help the reader to identify with their stories in a more personal way. Two women asked for copies of their transcripts which were sent via email.

I analysed the interviews using thematic analysis and a common programme called Nvivo. As described by Braun and Clarke (2006) thematic analysis is theoretically and epistemologically flexible when analysing qualitative data, whilst still providing a rich, detailed and complex account. This was appropriate for my research as I drew insight from strands of phenomenology and feminist theory. Thematic analysis focuses on words and phrases which are repeated and metaphors, Grbich (2007) states that these metaphors can clarify emotive meaning. He insists that data should be able to speak for itself before any imposing predisposed themes. Themes can be drawn from previous research, participants views, myths/evidence and gut feeling.

In line with allowing the data to speak for itself. After transcribing the interviews, I

printed them, and the first round of annotation and code identification was conducted. I then picked the two richest in detail and analysed them on Nvivo creating my node tree. This was then revised twice until I ended up with 12 main nodes and 120 child nodes. After coding all the interviews, I printed off node books to re-analyse on a deeper more analytical level, I then summarised the main findings of each node. In order to do this, I created a theme analysis sheet (appendix Nine). I then drew numerous diagrams connecting the nodes and analysing the links between them on flip chart paper (appendix Ten). After that, I used a process called Thematic networking (Attride-Stirling, 2001), a tool that helps to organise and present thematic analysis (appendix Eleven) (Braun and Clarke, 2006).

5.10 Reflexivity and positionality

Advocated within the feminist research methodology framework (although not exclusive or unique to) is the practice of being reflexive. This can highlight how researchers' personal and professional backgrounds, beliefs and feelings contribute towards the construction of knowledge. Hesse-Biber (2014) suggests that reflexivity promotes researchers to be mindful of both their position as researchers and the position of their respondents. Ideally, this should be something that occurs before entering the research field as well as throughout. This helps the researcher identify how the research process and questions are shaped and influenced by factors, such as their biography, their assumptions, and bias the social, political and economic context. Hesse-Biber adds, however, that it would be illusionary to believe that reflexivity alone can bridge the differences that both the researcher and participant bring to the interview.

Being reflexive from a feminist methodological perspective raised questions for my research such as;

- Where do I place myself? Can I be a researcher and be socially and politically engaged?
- Do I use terminology that suits affected communities such as circumcision or one that is more academically situated like Female Genital Cutting (FGC)? Is FGC seen as too soft and accepting?
- Do I actively and openly support the anti-FGM movement or sit on the fence?
- By researching FGC am I adding to what is viewed as women in a privileged position researching ethnic minority women?
- Is it my role to talk about the current legislation and try to re-educate participants about the practice? If not, is this a missed opportunity to prevent a girl from undergoing FGC?
- How will I be viewed by men from different cultural backgrounds when openly talking about what is often classed as ‘women’s issues’ and how will this impact the research?
- What is the justification for my interest in the research topic and will it be viewed/accepted as legitimate to women it affects when I have no first-hand experience?

Keeping a research journal throughout the research process allowed me to reflect on how my thoughts, opinions, and emotions changed and developed over time and how this might have affected the analysis and write up. Ultimately, I wrote a reflective journal for my own personal development and to help deal better with such a sensitive topic (some of my reflections can be found throughout this chapter). Due to the nature of qualitative research, the researcher is heavily involved and invests an extensive amount of time

which can raise strategic, ethical and personal issues (Locke et al, 2007 cited in Creswell, 2009). For example, in my own research, personal issues arose due to the extremely sensitive and emotional nature of the topic and the time I invested in the interviews and transcriptions. Due to this intense involvement, it is becoming common practice that researchers are reflexive throughout, stating clearly their personal reasons for the research amongst other things, such as, any biases they have, values and personal background, as these contribute towards the interpretation's researchers make (Creswell, 2009). These reflections also informed my decision to present my findings and discussion separately in this thesis. This allowing the reader to see clearly the participants views and for their voice to be highlighted without my direct discussion attached to it. However, I acknowledge that my selection of quotes and authority over the data analysis and process holds some of my own meaning and interpretation even when consciously minimised.

5.11 Positionality

My identity and position as a researcher were crucial and how these may have impacted my research was taken into consideration. In particular ethnicity, gender, relationships, power and the role of emotion work in qualitative research. It was important to reflect on these as a researcher who sits outside of those communities affected by FGC. This is known as being an 'outsider' and can have a number of benefits and implications to consider as described below. I was often asked my own 'position' and opinion on FGC and whether it should be allowed or classed as a harmful practice. It is something that I deliberately chose to leave out of this thesis and would not discuss with people during the data collection phase. Johnsdotter (2012) as described in the introduction of this thesis, supports research academics not positioning themselves when trying to research from a place of neutrality as this can blur the roles between academic and activist. Indeed, my

position had changed from the beginning of this study which I earlier reflected on as I started this research using the term FGC and practicing communities which I later learnt added blame and stigma for many women and communities.

5.11.1 Difference and identity

Throughout my research I was constantly faced with questions about my identity, I was commonly asked what ethnicity I was, my religious background and if I was married or had any children. Another question that I was faced with was why I was interested in researching FGC, some participants and community members pointed out that I was in fact an ‘outsider’ not from an FGC affected community and I was not a medical doctor or midwife. Many people assumed I was a social worker and were very cautious of me. One good example of my identity being questioned was when I tried to enter a building which I thought was a community centre, a young boy around seven years of age stood in front of the doorway and said, “*This is a mosque, are you looking for someone?*”. It was a reminder that my appearance and identity was sometimes a barrier within itself.

According to Letherby (2003), our fixed identity or characteristics as researchers such as age, sex, and ethnicity can impact our research as it contributes to the way we identify research problems and design our research, but also during our interactions/relationships and data collection. Other identities and characteristics such as marital status, class, religion can also play a role. How we choose to identify ourselves and how our participants identify us subsequently affects our relationships and data collected. Identification with participants by highlighting similarities such as gender, ethnicity, class, age, job role etc. should not be a prerequisite to ‘good feminist research’ (Letherby, 2003). Although it may have benefits, for example, in gaining access. It is likely due to

the fluidity of relationships that at some point the interviewer will be both an insider and an outsider (Robert and Weiss, 1994 cited in Hesse-Biber, 2014). Being an ‘insider’ does not guarantee open dialogue and it can be advantageous to be an ‘outsider’ such as participants may feel you will be less biased (Hesse-Biber, 2014).

5.11.2 Ethnicity and gender

As previously mentioned, my ethnicity was often questioned, many of the Kurdish people I spoke to asked if I was Kurdish, possibly looking for similarities or a reason as to why I was there. Once I had told the participants my ethnic background and that I was of a mixed heritage I felt that their openness towards me grew and they were more comfortable around me.

Issues of ethnicity in research have been well documented and Rhodes (1994) argues information is passed through a white cultural filter and white researchers possess neither the language nor cultural equipment to understand dimensions of the black experience. Douglas (1992) also discusses issues on cross-ethnic interviewing and highlights how past research on Black and Minority Ethnic groups (BME) tends to place blame on the individual behaviour or culture and fails to take into consideration the role of social or economic factors. Douglas also argues that white women fail to understand cultural traditions in black communities and label practices as oppressive and deviant. This was something I tried to avoid doing, for example by using terminology that was culturally appropriate and by not suggesting that anyone was to blame for the practice of FGC. I also encouraged participants to self-identify with terms for FGC and many self-identified as victims or survivors.

Egharevba (2001) concludes there has been much debate around 'race' and who should be allowed to carry out research on whom. It has been suggested that white researchers should focus on researching racism in white structures and institutions and minority ethnic researchers focusing on their own communities assuming they are less likely to stereotype ethnic minority communities. It has also been argued that BME communities are more likely to give more reliable or 'authentic' accounts when the researcher is also from an ethnic minority (A mos and Parmar, 1981; Lawrence, 1982 and Brah, 1992 cited in Egharevba, 2001). However, caution has been applied to this with the concern that it can lead to the marginalisation of minority issues (Rhodes, 1994).

As well as considerations with ethnicity, researchers suggest that gender should be considered, in feminist research sometimes just being a woman is not enough to give you 'insider' status and it is simplistic and inaccurate to suggest gender can override all differences between women, as there are many other fixed and non-fixed characteristics that play a role (Hesse-Biber, 2014; Letherby, 2003). There has been great discussion around women interviewing women and the advantages and disadvantages associated with this relationship. Finch (1984) argues the woman to woman interview is as much political as methodological. Oakley (1981) cited by Tang (2002) suggests there is a non-hierarchical relationship in women interviewing women. However, the 'othering' of women and the academic tradition of speaking about and for others has been contributed to by western white feminists in academia which has caused some tension (Collins, 1990; Wilkinson and Kitzinger, 1996 cited by Letherby, 2003). My gender as a female and the fact that I interviewed men, were important factors in this research. I found that men were much more reluctant to speak not only to me but about the topic as it is still very much seen as a 'woman's issue'.

5.11.3 Relationships and power

The relationship between the researcher and participant in feminist research should be one that is non-exploitative (Letherby, 2003), participants should be viewed as the experts and the researcher as the learner (Hesse-Biber, 2014). Many of the participants described me as an expert in the topic when they realised it was for my PhD research; this assumption may have prevented participants telling me things, if they had taken for granted the fact that I may have already known. The majority of the participants would ask me questions about FGC trying to learn more about why it is practiced, the differences between their culture and others and the implications of FGC. If I 'knew' an answer we would discuss it, however I reassured them that I was not the expert and that they in fact were the experts themselves, in hope of reducing the perceived power dynamics. For a long time before I collected the interview data, I struggled to come to terms with what I was about to do, the impact it would have and the power dynamics of the interview.

Getting too close to participants can affect your ability to access their subjective understanding and give a false illusion of equal or no power and authority; encouraging them to reveal intimate details about their lives making them more vulnerable (Hesse-Biber, 2014). Oakley (1991) cited in Letherby (2003) and Hesse-Biber (2014) argues that researchers try to reduce power by appealing to a notion of 'sisterhood' and that by sharing your identity and personal stories as a researcher you can reduce the notion of power and authority. Stanley and Wise (1983) cited in Letherby (2003) suggest we should try to equalise the relationship and make ourselves vulnerable. Following feminist methodological and ethics principles in an attempt to reduce power I adopted semi-structured interviews, allowing participants more scope to set the agenda, whilst being reflexive throughout.

Researchers also have the power to frame and add or deduct meaning from the participant's responses and stories to benefit their research; rendering participants with little or no voice. As the words from our respondents are analysed through our own political, personal and intellectual perspective (Hesse-Biber, 2014). However, we are not intellectually superior but should acknowledge intellectual privileges (Letherby, 2003). Through analysis, we can reflect on the research experience in a way that respondents possibly cannot, and we have the final say (Stanley, 1996 cited in Letherby, 2003). To try and balance this out I have purposefully presented the findings chapters separate from the discussion in this thesis. I was very aware of the ethnicity debates as discussed above, the issues around the perception of 'giving voice', and even more concerned about the sensitive nature of the topic, the fact that I would be getting a PhD out of the interviews and that my power to influence policy, services or make any real change was unknown and yet that was often described as the biggest motivation for women to taking part in my research.

A common assumption is that the researcher holds all the power, but the reality is often more complicated as the research relationship is jointly constructed, fluid and changing (Letherby, 2003). This is particularly evident in women researching men and it is important to acknowledge that this brings with it issues of power and sometimes safety (Reynolds, 1993 cited in Letherby, 2003). Letherby (2003) argues that our respondents may not feel they need to be empowered by us, and it can be patronising to view them as potential victims at risk of exploitation from the researcher, as they can refuse to take part, answer or tell the truth. Furthermore, it is important to note that our own belief systems, bias, and prejudice may mean that we may not wish to try to empower respondents who for example, display views of racism and sexism (Letherby, 2003).

5.11.4 Professional position

During the final few months of writing up my thesis I started working at Women's Aid, my job title was *FGM community outreach specialist*. This post involved me providing emotional and practical support to women with FGC. This has allowed me to put into practice elements of my research and thesis. It has enabled me to further understand in practice the emotional complexities of the phenomena and how this might impact women in their daily lives. Whilst I have not written about this in my thesis, and the aim of this thesis was not for recommendations to be made about practice, I was provided with a great opportunity and insight from both experiences (my research and job) to design a guide for providing 1-2-1 emotional support for women with FGC in such a setting and have included this as an appendix (appendix Two).

5.12 Emotion work

The lens of emotion work can allow us to inspect ourselves, the structure in which we are operating within and the interaction we are researching (Hochschild, 1979). Taking an interactive approach to emotion work allows social influences to be considered and takes into account the social labelling and management of emotions (Hochschild, 1979).

It has been argued that an inevitable part of field work is emotional work (Ramsay, 1993; Young and Lee, 1996 cited by Letherby, 2003). This includes emotional involvement, management, and work in research relationships. Emotion work can be performed on the researcher themselves and on others, it includes managing and regulating feelings to conform to dominant expectations within the prescribed situation (Frith and Kitzinger, 1998 and Dunscombe and Marsden, 1998 cited in Letherby, 2003). Women are predominantly left responsible for 'working with emotions' as a result of the gender

division of labour, this has led to women fieldworkers being traditionally portrayed as less threatening to men and more accessible (James, 1989 cited in Letherby, 2003; Warren, 1988 cited in Letherby, 2003).

Hochschild (1979) describes in detail what emotion work is and also calls this emotion management. She highlights that this is not the same as controlling or preventing emotion as it also refers to shaping, evoking and suppressing emotion. The act of trying to manage emotions is the focus as opposed to the outcome. Emotion work can be carried out on ourselves by ourselves, to other people or by other people to ourselves; it can be a management of cognitive, body or expressive and is shaped by feeling rules. Feeling rules are verbally expressed when we say things such as “you shouldn’t feel so guilty” or “I have the right to be sad” (Hochschild, 1979). Alongside this there is a social exchange of emotion work where by people either take it personal and therefore care about the emotional management for example they may feel they are “owed/entitled” to a feeling for example someone else being joyful due to the circumstances; the other exchange is where a person does not take it seriously and therefore will manage the emotions of the other person by highlighting that it is not personal.

I had anticipated that there would be some emotional distress both for participants and for myself. I spent a lot of the time feeling guilty for not being able to fully support women, I felt great depths of sadness and often felt anger that this had happened. During the interview’s many of the women referenced feelings such as being silenced, fear, guilt, loss and luck. I had experienced all of these feelings in my own personal life concerning acts of Violence Against Women (VAW). I hope that the reflection of my own emotions that I could hear in these women’s stories enabled me to be more empathetic and sensitive.

This also made it more difficult to not give advice and words of encouragement, although in one interview I did when a participant was blaming herself for this happening.

It has been argued that emotion work in interviews can cause participants to become vulnerable through feeling very comfortable as they can discuss things more substantively, which they later feel uncomfortable with (Finch, 1984 in Letherby, 2003). Researchers may also feel like they are benefiting and 'holidaying' in the misery of their respondents and then leaving them to deal with the consequences (McRobbie, 1982 cited by Letherby, 2003). This could be true for sensitive research where the researcher is not qualified enough or in a position to help participants further. For this reason, I presented my participants with an information and signposting pack where they could receive further support if desired. On the other hand, many suggest that interviews are often therapeutic for the interviewees as it allows them the chance to reflect on their experiences (Cotterill, 1992; Opie, 1992; Letherby, 2002 in Letherby, 2003). I found this true of some participants in my research who expressed either in the interview or by email, how helpful they had found the process of talking about FGC and one woman even wrote her story for the first time and got it published.

Alongside the participant's emotions, in which researchers are encouraged to display empathy, it is vital to remember that some participants may not want you to feel sorry for them (Letherby, 2003) and this may be patronising and even disempowering. Letherby raises further questions of whether it is a case of empathy or manipulation, and whether this form of emotion work is caring or using. Researchers dress up their interviews as an opportunity to finally talk about things they haven't been able to talk about in the past, but ultimately it is to some degree for their benefit. This is something I considered in my

own research, particularly when FGC was framed as something that did not impact their lives.

Researchers may also feel other strong emotions including anger, sadness, and irritation, Letherby (2003) notes that there is no formal support system for researchers who are doing emotion work and managing emotions. In relation to my research, I questioned and considered my own position in emotion work and how I might deal with hearing stories of not only FGC but other acts of VAW, war, and migration. Also, how I would manage through journaling views of racism and sexism or views from respondents that FGC is positive. Halbrook and Ginsberg (1996) cited by Wray, Markovic and Manderson (2007) explore countertransference, the process of the participant's experiences being subconsciously transferred to the research through deep immersion of emotional and existential pain. I would go as far as saying I experienced some of this as their stories haunted me in my sleep giving me nightmares and much sadness.

5.13 Confirmability, credibility, transferability, dependability

Terminology such as reliability, validity, credibility and generalisability are common when assessing quantitative data. It has been argued by some that qualitative research should be assessed on this same framework; others such as Lincoln and Guba (1985) have created their own framework for qualitative research. There is a third argument that suggests that qualitative data should not be appraised by any of the terms as it is unique each time and prides itself on the individual nature of data. Denscombe (2014) argues that although there is a need for verification it is impossible to verify qualitative data the same as quantitative.

Applying Lincoln and Guba's criteria to my research, they suggest that trustworthiness allows the evaluation of the research worth. In order to establish this the credibility, transferability, dependability and confirmability are assessed. Credibility is concerned with having confidence in the 'truth' of the findings, they suggest a series of techniques to establish this such as prolonged engagement, triangulation, peer debriefing and member-checking. In my research credibility was mainly established by prolonged engagement. My engagement with the topic of FGC started five years ago during my undergraduate dissertation literature review on FGC and through volunteering with organisations which addressed FGC in the community for example by raising awareness. This can also be achieved through peer debriefing, which in part was done with my supervisors, colleagues and gatekeepers. For example, during coding I gave both of my supervisors two transcripts and we spoke at length about the interviews and coding, I met with colleagues to talk over philosophical stances and emotionally debriefed in particular with peers. This was somewhat also achieved by referential adequacy, Lincoln and Guba describe this as archiving a portion of the data to analyse at a later date to test the validity of the findings. This can be seen in my process of coding and analysis as I took the two richest transcripts and then cross-examined the coding framework and analysis with the remaining transcripts. Also, in how I coded the exploratory data first, whilst I was still conducting interviews.

Transferability focuses on the ability to show the findings have applicability in other contexts or meaning to other individuals, this is achieved by thick description. This research is full of rich description due to the method of data collection being semi-structured interviews. This thick description of the phenomena for the majority of cases shows common themes throughout and can also be seen in other people's research, the

phenomena does seem to be experienced and made sense of in similar ways. Furthermore, the majority of the themes within my research support the themes discussed in the literature review.

Dependability relates to consistent findings and ability to repeat the study. The documenting and reflexivity I practiced whilst conducting this research allowed me to be very transparent with reporting the process of the study and interviews. In particular I have made very clear my initial intentions and later approaches for example, during sampling and recruitment, and the use of translators. Lincoln and Guba (1985) also highlight that the code-recode procedure, peer examination and thick description of research methods improve the level of dependability. I also practised the code-recode procedure and peer examination of analysis and coding frameworks/nodes. Finally, confirmability is interested in the neutrality of researcher bias and the motivation or interest of the researcher. I used reflexivity and examination of positionality to evaluate this which have both been discussed in this chapter.

5.14 Limitations of the chosen methods and the collected data

There is a common assumption that qualitative research is not generalisable and is therefore often considered a limitation of qualitative research. However, Smith (2017) argues against this notion and it is problematic to apply '*statistical probabilistic generalisability*' to qualitative research in the same way as quantitative research. Smith instead considers four types of generalisability which can be applied to qualitative research, these include; naturalistic, transferability, analytical and intersectional.

A focus on generalisability, was not the intention at the outset of this study as it was not a large-scale study, however the final sample was very diverse and provided a range of views with similar themes and experiences. It is crucial to acknowledge that this was a highly sensitive topic with recruitment challenges, however every avenue was explored to ensure the best sampling and recruitment outcomes. Despite this I have reflected upon the four alternative styles of generalisability put forward by Smith (2017). From the similarities and shared experiences across my research findings it is feasible to argue that my research has the potential to produce naturalistic generalisability. Smith (2017, p140) defines naturalistic generalisability when *“the research resonates with a readers personal engagement in life”*. Although I have not physically conducted the appropriate measurements to fully claim this, which would be to produce a report with detail of my participants life experiences and see if readers make connections with their own lives. Smith (2017) argues that this can be done before publishing and that researchers should suggest the potential it has for generalisability, known as hedging (Chenail, 2010 cited in Smith, 2017). Smith (2017, p143) highlights that there is a *“danger of leaving oneself open to critiques about claiming ‘potential’ without providing ‘the evidence’*. One could respond to such a critique by arguing that the issue of ‘can a study be generalisable or can’t it’ is a conceptual not an empirical question”.

Another limitation could be seen in the recruitment through Twitter as previously discussed, as this might have attracted people who actively speak out about FGC, have strong anti-FGC opinions or are actively fighting against the practice. Had the recruitment technique of snowball sampling been more effective the study may have represented a wider variety of views such as those who perhaps advocated for the practice to continue. The difficulties in recruitment and sampling also left little control in terms of accounting

for ethnic background, age, migration experiences and FGC experiences, which may have added a unique insight into the way FGC was framed and embodied differently. However, my research had a wide range of voice both in terms of ethnic diversity and the fact that it was open to women with and without FGC, and men from all affected communities in the UK.

Furthermore, due to difficulties in recruitment, some of the interviews needed a translator, which has its own limitations and has been described above, such as time restrictions and cultural interpretations. But overall, the use of semi-structured interviews was a strength that allowed for the participants to highlight what was important to them and steer the interview. Finally, a limitation which was difficult to control was the sensitivity of the topic and the distress that could have been triggered during and after the interview. However, I followed all ethical guidelines and ensured that participants were signposted to support if needed and also gave them the option to request a copy of the transcript and time to withdraw if they changed their mind.

Chapter Six- Controlling women's bodies and Social Justifications for FGC

6.1 Introduction

The following four chapters (including this one) will present the findings from the qualitative interviews conducted during this research. This chapter in particular focuses on the justifications given for FGC including those related to the body and wider social justifications. As noted in the literature review (chapter Two), despite affected communities recognising that FGC has negative implications for women (discussed in chapter Seven), the practice is still continued. This has prompted sociological and anthropological scholars to research the complexity of the phenomena and the justifications given to the practice. Participants held numerous beliefs around why FGC is practiced both in the countries of origin and in the UK or Europe. The justifications given were extremely complex and not isolated or homogenous amongst cultural groups.

In regard to the justifications given for FGC, it was often difficult to unpick the participants subjective justifications from wider social justifications. This, I believe, was partly due to my methodological approach and the manner in which the questions were asked, for example I did not specifically ask for their *personal* views but focused on *general* knowledge and opinions. But also, partly due to how embedded the practice of FGC is and the sensitive nature of the topic. All participants claimed they did not agree with FGC and often spoke in third person when discussing the justifications, which may have served the purpose of distancing themselves from agreeing with the justifications. These complexities of interviews and sensitive research topics were previously discussed in the methodology and reflections chapter (chapter Five).

I have separated this section into two parts; justifications that concern controlling women's bodies and sexuality directly; and justifications which are concerned with the wider social benefits, which are more broadly related to culture and identity. In chapter Seven, the subheadings Body, Sexuality and Identity will re-emerge and tie together the justifications and implications in these main three areas.

6.2 Controlling women's bodies

The majority of the women acknowledged that they lived within a patriarchal society, where men had more freedoms and were less controlled sexually, some expressed cultural beliefs that the father owned their body, which was passed on to their husband after marriage. The practice of 'bride prices' was evident in many of the women's narratives and some likened marriage to being sold as property. FGC was often viewed as a necessity for marriage and infibulation was also seen as a way of proving virginity.

"Our family...called my dad and got his permission, but then that just frustrated me, because it's like...my dad owns my body and I'm sure he'd want the best for me, so it's a bit absurd to think he'd agree to such a thing...why would they ask for permission from my dad? Obviously because he's my dad and they put him in a position where he owns my body, even though I'm my own self and...I should have a choice".

-Zafeera, Female, 19, Sudanese (Has FGC)

The quote from Zafeera appears to show anger and frustration at her family for asking her father and him supposedly agreeing. It also highlights issues such as autonomy and agency which will be subsequently discussed in chapter Eight. Zafeera also refers to her family 'there', meaning in Sudan and then states that she is her own self, this may demonstrate the tensions between what could be perceived by Zafeera as a more

collective and patriarchal society and a more gender equal and individual society where she has grown up in the UK. These tensions and conflicts will be considered more in chapter Nine.

6.2.1 Appearance

Many women suggested that FGC was practiced for appearance and cosmetic reasons and believed that it was mainly women who cared about this as opposed to men. They used terms such as neater and purification to describe the outcome of FGC.

“Obviously they say when you’re circumcised it’s more neater and there’s hardly anything there it’s easier to clean, they look down on it quite a lot and they give like these crazy stories of how your clitoris will over grow and it will resemble a male penis... Yeah, it is the women because men don’t really care they don’t know how it looks...but women...they care about the appearance they look into it a lot because they use a lot of descriptive words to describe parts of like the genitalia and it’s like wow you thought into that quite a lot”.

- Amiina, Female, 21, Somali (Has FGC)

Amiina’s account illustrates that FGC can be justified, in particular, by women as a way to improve the appearance of the genitalia by making it neater. This is linked further to hygiene, superstitions around gender identity and the female genitalia turning into male genitalia if uncut; which could reinforce the practice through fear and stigma of being unclean or abnormal. Amiina uses the phrase *“like they say”* referring to her community and then describes her own commentary and possible confusion, as to why the women have looked into and focused so much on describing the genitalia. This could reflect that

she herself, does not believe these views or understand why the genitalia is not viewed as 'normal' before cutting.

Others further suggested that both men and medical professionals cannot always detect when FGC has been done as the appearance does not significantly alter.

“Actually, funny enough when I started my few relationships the first one said most men would not even know I have had FGM, and I think some you know from even research saying some of the medical health professionals can hardly detect certain types of FGM because it’s just a tiny bit of the clitoris, but a bit would still be there”.

- Aluna, Female, 41, Kenyan (Has FGC)

“No, I did not have to tell him because I did not have a big thing that he can see, the Sunnah you can’t see anything, so I did not have to speak to him about it”.

- Amburo, Female, 31, Somali (Has FGC)

The fact that FGC was not always visible was sometimes used as a justification to not tell their partners, this is discussed further in chapter Seven. In addition to this it appeared to detract from the impact of FGC; meaning that because some women did not have to tell their partners they felt it impacted their relationships and sex life less, this is further highlighted in chapter Seven.

6.2.2 Maintaining hygiene

Hygiene was a common justification of FGC as it was believed the genitalia would be easier to clean, instructions on how to clean themselves were sometimes included in the 'training' or preparation given at the time of the cutting. There were, however negative connotations attached to girls who were not cut, often described as having a bad odour

and being unclean, furthermore uncut girls could experience bullying and their food may not be eaten and it would be framed as Haram (an Islamic term meaning forbidden).

“Women sexual organs are very open and its more infected...like bacterial infections”.

- Dila, Female, 36, Kurdish (Has FGC)

“So, they used to basically bully me over it like saying oh something is smelling and then they would have to close their nose like that, basically and say eugh eugh you haven't had it done”.

-Hani, Female, 34, Somali (Has FGC)

“My mum said if the woman is not circumcised when they prepare food there is something in Islam called Haram and Halal, my mum said if the woman is not circumcised people call their food not Halal its Haram”.

- Ezma, Female, 34, Kurdish (Does not have FGC)

“They believe that it is at your interest that it is done to you it keeps you pure and clean”.

- Kusta, Female, 33, Gambian (Has FGC)

These quotes demonstrate how the term clean is used to justify FGC by linking it to everyday activities such as cooking and prevention of infections. Clean seemed to have two separate meanings that were often used interchangeably or simultaneously; firstly, the description above relating to physical hygiene and secondly it was applied to women's sexual behaviours and moral standards, which will be discussed more below. The term unclean was further used as a way to describe the women in other countries where FGC was not a common practice, for example English people were described as unclean. This

distinction between English people and themselves; secured physically through FGC, could also further embed FGC into the formation of cultural identity, as well as social sanctions for not having it done such as bullying.

“Do you want to be unclean? Like it’s disgusting when I think about it now, like you don’t want to be unclean like the English people back home”.

- Zafeera, Female, 19, Sudanese (Has FGC)

Here, Zafeera discusses what her aunties in Sudan said to her before she had FGC, it seems that migration not only allowed for a comparison to women who did not have FGC but also acted as a further justification. Furthermore, her reflections of it being disgusting *now* that she thinks about it, suggest a possible change in understanding or views.

6.2.3 Superstitions

There were many occasions where superstitions surrounding what would happen if FGC was not practiced, appeared to contribute to the justifications these included: the inability to get married or pregnant; increased risks of sex before marriage and infidelity; not becoming a ‘full woman’; cleaner cooking; and an overgrown clitoris that would turn into a penis.

“In some communities FGM they believe that it increases fertility”.

-Kusta, Female, 33, Gambian (Has FGC)

“They said if the woman has this FGM, she will, her circumcision be circumcised, her cooker is clean and better”.

- Roza, Female, 32, Kurdish (Has FGC)

“My friend she had difficulties getting pregnant and she was told that she might not be conceiving because she has a clitoris in place so for that reason she went and had it done”.

- Abeni, Female, 37, Nigerian (Has FGC)

These quotes further highlight how FGC is embedded in multiple and complex ways adding to the justifications for FGC to be practiced. Again, we can see disassociation from some of these views where participants say, “they believe”.

Several participants suggested other superstitions for FGC being practiced or associated to FGC which included: it being helpful if something was not working in your favour; to receive a blessing; as a sacrifice; and protection from a witch or curse.

“They were saying there was a curse in my clan, they said somebody left a curse, when somebody dies, they say they have been cursed so they have to do it (FGC) and stuff like this that they have got to continue with it (FGC)”.

- Chiku, Female, 32, Kenyan (Does not have FGC, but older sisters do)

“They used to take the woman and throw her in the Nile to say we will have a blessing if we sacrifice somebody, and then they changed it they say why you sacrifice this lady, so you can just do this (FGC) then put the part that you cut in the Nile”.

-Dila, Female, 36, Kurdish (Has FGC)

“They said oh we are doing this to protect you and the witch came and got her, there’s a witch and they started doing all this drumming to drive the witch away and could you believe it for years that I thought the witch took my friend”.

-JoJo, Female, 40, Gambian (Has FGC)

The quote from Chiku, in particular, demonstrates a long-lasting belief around a curse linked to death and suggests the importance of FGC in protecting the clan from this curse. Chiku herself said that she did not have FGC, but her sisters did and said that there was no family discussion around stopping the practice. Similarly, Dila references a long-standing tradition of sacrificing a whole woman in order to receive a blessing which then changed to the practice of FGC. Both Chiku and Dila's quotes demonstrate a change in practice over time despite these justifications and superstitions. JoJo describes how her friend died from bleeding when they went through FGC together, the community said it was due to a witch, and justified the drumming and FGC as a way to protect them from the witch. These quotes could suggest that placing FGC in a much wider context in terms of protecting and benefiting the whole community, makes the justification of FGC more legitimate.

6.3 Controlling women's Sexuality

All participants named some form of sexual control as a justification given for FGC, as mentioned in the introduction it was difficult to know if this was coming directly from the participants point of view or the wider community. The following chapter will build on from these justifications by providing the sexual implications of FGC.

Justifications were heavily embedded in beliefs around women's sexuality and the importance placed on the hymen and virginity. This became apparent as both women and men spoke of preservation, purity and being untouched until marriage. This was further linked to pride, and women who were uncut were automatically believed to not be virgins, there was also stigma attached to being de-infibulated before marriage as this was a sign of sexual freedom.

“Yeah like my mum was very, very, disappointed it was like as if she had lost a daughter basically that’s how bad it is, because they see it like you’re just going to go out there and just like I don’t know like they just feel like you’re not the virgin perfect daughter that they want to eventually marry off”.

- Amiina, Female, 21, Somali (Has FGC)

Amiina highlights how the shame and disappointment her parents felt resembled “loosing” a daughter; a response which demonstrates the importance placed on infibulation until marriage. Justifications of FGC also included helping to keep the girl ‘clean’, this term was used to refer to hygiene which I have discussed above, but also in relation to sexual behaviours. Families were held responsible for presenting the ‘perfect virgin’ daughter for marriage and in some affected communities this was reflected in higher bride prices if the girl had FGC. Many of the women felt there was miss-education surrounding the hymen, its elasticity and bleeding at intercourse which is expected.

“If the women are not cut the men think we are not virgins and will say we are not virgins”.

-Uba, Female, 26, Somali (Does not have FGC)

“In our culture, there’s a lot of suppressing female sexuality and stuff I mean that’s the whole reason given for performing FGM back home it’s like oh to preserve you so then you’re like untouched for when you get married so you’re pure and a virgin it’s ridiculous”.

-Zafeera, Female, 19, Sudanese (Has FGC)

“Yeah definitely not, it’s like very disgusting and it’s not allowed in the religion or culture, it’s a shame maybe some people they do illegally secretly in some way, but generally no and women in our cultures girls

when they do marriage they have to be still tight it's not to be like wide, you know about the membranes, so it has to be like you know when girls do sex the first time".

-Raman, Male, 36, Kurdish (Wife has FGC)

The quote from Zafeera describes the justification of FGC being to preserve virginity as ridiculous, in comparison to the quote by Raman which emphasises the importance of the girl's virginity and the shame of sex before marriage, this demonstrates the differences in opinions surrounding not only virginity but the expectations of women and FGC.

Superstitions were common in the justification of FGC and this included inappropriate sexual behaviour and the function of the clitoris.

"People tell you different things like the clitoris is an evil thing in the body and it makes you very randy...so sometimes when a woman feels like she's exceptionally randy she wants to have it removed or if she feels that things are not working in her favour and somebody has advised her to take it off because you know that might be the reason they go ahead to do those things".

-Abeni, Female, 37, Nigerian (Has FGC)

The framing of the clitoris as evil could further drive the practice and justify the control over women's bodies and sexuality. This further alludes to the idea that FGC is a form of protection for the whole community and not just the woman.

There was general consensus that FGC was performed to regulate, control and reduce women's sexual freedom whilst providing them with a 'normal' sex drive. Without FGC women were believed to be too wild and promiscuous.

“They are not being such sexually sensitive she will stay quiet and silent, so this is the reason”.

- Roza, Female, 32, Kurdish (Has FGC)

“So sometimes when a woman feels like she’s exceptionally randy she wants to have it removed”.

- Abeni, Female, 37, Nigerian (Has FGC)

In this respect, it is interesting to consider some of the male participants views and how they frame women’s sexuality.

“I’m not sure but they have to protect the girl if she is circumcised then she can have normal sex, but if not, then this can become super and very high extra, extra, extra sexual sense and maybe they cannot control it”.

- Zamo, Male, 35, Kurdish (Sister has FGC)

“It’s the idea that if a woman does not get it done then she will just be too wild and promiscuous, because women are naturally promiscuous and if you get this done it’s a way of regulating that behaviour and controlling them”.

- Omari, Male, 25, Sudanese (Mother and half-sister (father’s daughter) have FGC)

These quotes demonstrate the fears and superstitions around women being overly sexual and not having a ‘normal’ sex drive if uncut. Women were framed as naturally promiscuous and this being a practice that regulated and controlled sexual behaviour. It is interesting to note that a woman with a high sex drive could potentially be framed as abnormal and out of control, it is likely that this would not fit the wider gendered expectations and therefore risk social sanctions. It was also suggested mainly by Kurdish

men that women's sex drive was increased by the hot climate, therefore FGC was necessary.

"It reduces their pleasure because maybe they believe that our region is hot so maybe woman is more effected than man if they don't do it maybe yeah".

-Talan, Male, 34, Kurdish (Mother has FGC)

"Because it's hotter environment stuff like that you know, because the environment and because it stimulates woman more".

-Simku, Male, 42, Kurdish

When Talan claims that women will be more affected than men by the weather, he is referring to sexual arousal, this is also supported by Simku's claim that the weather stimulates women more. It is unlikely that the warmer climate would be used as a justification for it being practiced in the UK, suggesting that this would not be used alone and instead accompany wider justifications.

Two common frames were applied in relation to sexual control through FGC, these were prevention and protection. FGC was seen as a practice that prevented sex before marriage, infidelity and pleasure associated with sex; in turn protecting women and the wider society.

"The reason behind cutting the clitoris it's because they believe it's a sensitive part of the body that makes women to have a higher sex appetite so what we are going to do we are going to remove it so that they don't sleep around...the element of control in the you know women sexuality is shocking and it comes to a point where it's the mutilation of the body that helps them to achieve that then you know there is a very big problem".

-Aluna, Female, 41, Kenyan (Has FGC)

“They say that if she hasn’t been through it her sexuality will be too high she will be too demanding all the time saying sex, sex, it’s to oppress your sexuality actually you see they don’t want you to be willing to have sex all the time because they don’t want you to have that good feelings when you’re having sex”.

-Samira, Female, 36, Guinean (Has FGC)

FGC was justified as it was believed to protect girl’s innocence, purity, dignity and reputation. It was believed to protect them from temptation and sexual feelings at a young age, some suggested this started to happen at 8 years old, whilst others stated around 14-15 years old. FGC was also justified as a way to protect girls if men asked them for sex.

“I think what my mums told me is that and what she’s hinted at me is that it’s a control kind of thing and she said if you’re now in a compromising situation like with a guy there’s more ground for you to say no”.

- Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

“If there’s no such an operation the daughter may go and do whatever she wants meet men and this (FGC) is something to protect the young person’s dignity or something like that, which is not based on truth”.

-Dalamar, Male, 58, Somali

Here Dalamar disputes the idea that FGC protects a woman’s dignity by stating that it is not based on truth. He could be suggesting one of two things; either that young women can still meet men despite having FGC and therefore it is not a valid justification, or that their dignity is not related to whether the young woman meets men or not.

In addition to this, male sexual pleasure was often seen as more important than women's and this is reflected further in the next chapter.

“A lot of women...in my culture for instance after they have children and stuff, they like to be closed again so that they can like remain tight for their husbands or like it's all for male pleasure...”.
-Amiina, Female, 21, Somali (Has FGC)

Amiina discusses the use of re-infibulation after children specifically for male pleasure and 'remaining tight', this suggests the justifications for FGC can extend beyond marriage and the initial desire to control women's sexuality.

6.4 Wider justifications of FGC

Some of the wider justifications for FGC included: a normative female gender identity which is often bound with male circumcision; cultural identity and norms and traditions. These justifications were generally viewed as beneficial to society as a whole.

6.4.1 FGC as a marker for gender identity

FGC was justified as a way of producing a normative female gender identity, which was sometimes marked by an initiation process involving FGC, but not always.

“Oh absolutely yeah its seen as a rite of passage from childhood to adulthood...it's seen as part of what gives people an identity...for me I was 11 years and my mum just told me one morning you know it's time for you to become a woman, I had no clue what becoming a woman meant and part of me was really excited that you know this is something amazing...you know that's your family your mother has gone through it your grandmother has gone through it your sisters have, you're not going to be the different one in the whole village where everybody else has gone through it or the vast majority, so I stayed”.
- Aluna, Female, 41, Kenyan (Has FGC)

“I remember asking my father when he said you are going to become a woman and he also said oh your sisters also did it”.

-Abeni, Female, 37, Nigerian (Has FGC)

Both of these quotes suggest that FGC forms part of a normative female gender identity and importance was placed on being the same as other women in the community. The strong desire to be the same as other women in the community was thought to help women bond and connect. Women often described how they asked for FGC and believed they would have been depressed if they did not have it due to being different. FGC was portrayed as normal, acceptable important and a way to fit in and be accepted.

“You know that’s your family your mother has gone through it, your grandmother has gone through it, your sisters have, you’re not going to be the different one in the whole village where everybody else has gone through it or the vast majority”.

- Aluna, Female, 41, Kenyan (Has FGC)

“I was 7 years old I asked myself my mother to do it and I wanted it, I kept crying in order to have it I was so happy the day it was done, the reason I was happy all the girls my age the same age as me all did it and that’s the reason I wanted it, to be like them”.

- Amburo, Female, 31, Somali (Has FGC)

These quotes demonstrate the importance placed on being the same as other women in the community and your family, Amburo highlights how she asked for FGC which was a common narrative for many of the women. This could be because young girls did not want to be left out and their mothers wanted to do what all the other mothers were doing.

“It’s all like a collectivism aspect, like everyone gets it and you have to do it, the pressures of it”.

-Zafeera, Female, 19, Sudanese (Has FGC)

“There’s a lot of pressure so a lot of women there like in Africa do want to have it done, like even young girls that have it done like 6, 7 their like yeah we can’t wait to have it done to us, because of the pressures of you know society and everything so like they look forward to it which is kind of disturbing for a 6 7-year-old to look forward to something so bad”.

- Amiina, Female, 21, Somali (Has FGC)

Both Zafeera and Amiina reflect on the pressure to have FGC, Amiina highlights that she finds it disturbing that a young child could ask for FGC, this could be due to not understanding the procedure or implications of the practice; this is discussed further in chapter Seven and Ten. Below Casho points out that her father did not agree with her undergoing FGC, but she and her mother wanted her to.

“My father was refusing, and my mother wanted to do it, but I was with my mother, I wanted it to be done all the neighbours were doing it, there were many girls who were the same age and were having it done at that time and I just wanted to join them”.

-Casho, Female, 40, Somali (Has FGC)

“One day I saw my sister my bigger sister who was married and she was doing it with her children, and I asked her please and me, I want to do it, and at that time I did it on my own will and I loved my sister who did this at that time, until now. If I didn’t have this, I could have been very depressed really”.

- Bilan, Female, 49, Somali (Has FGC)

“If I look at the view of my parents, they wanted me to fit in with society”.
-Aluna, Female, 41, Kenyan (Has FGC)

The above quotes demonstrate how important it is to ‘fit in’ not only as women and mothers but also culturally. The complexities around girls asking for FGC are discussed further in chapter Ten.

Many participants made a strong link with the identity of a woman and the role and expectations of a woman. Some women said they had attended training during the time of being cut, this often involved learning how to cook, personal hygiene and how to look after a husband and children. Other expectations of behaviour that signified a female had become a woman included things like respecting elders and not talking in front of men.

“There are also classes that the girls go through about keeping themselves clean how to look after a husband you know how to maintain a family how to look after children and some of these elements are very important Paris”.
- Aluna, Female, 41, Kenyan (Has FGC)

“Yeah it is because like I remember growing up there are certain behaviours when someone does it you just question has, she been through FGM? You know so you are expected to behave in a very good way when you have been through that passage yeah...like respecting your elders, knowing how to talk to your elders, you know in the British culture you are talking to somebody you have to look the person in the eyes yeah, but that’s just disrespect in our culture someone who is well brought up you don’t look elders in the eyes”.
- Kusta, Female, 33, Gambian (Has FGC)

“I’m not a good woman in my culture, not bad but not very preferred woman, because I got married, sorry I’m talking a lot even among boys

like man when they sit because woman not allowed to speak and sometimes, we got problem with my husband he says why you speak its man's sitting you are not allowed".

- Roza, Female, 32, Kurdish (Has FGC)

Aluna, Kusta and Roza hint that being brought up well and being a good woman involves undergoing FGC, which could suggest that the role of being a good mother or parent involves ensuring your daughter has undergone FGC.

Some women stated that in their community being a woman was viewed as rude and their identity and practices should be hidden, for example pregnancy.

"It's all about body, woman's body because they thought that woman's body is rude every part of woman body is rude so everything you are doing for the woman you have to hide it".

- Roza, Female, 32, Kurdish (Has FGC)

Roza highlights how despite having FGC it is still important to hide the woman's body and its natural functions such as pregnancy. This may suggest that in some cases FGC does not make the woman's body or its natural functions any more sociably acceptable, as there are still socially acceptable behaviours for women to follow.

There were heavily laden connotations of women being dirty and unsuitable for marriage if they had not undergone FGC, and experiences of bullying if they had not undergone FGC by a certain age.

"Well I have one of my cousins she hasn't had it done she's like 26 now, and then my other cousins are always like oh look at you, you're so dirty, oh we are proud we are complete, you're incomplete no one's going to

marry you, just stupid stuff like that but it doesn't bother her because she doesn't let it get to her".

-Zafeera, Female, 19, Sudanese (Has FGC)

"Obviously with older generations they all know so they all have that like sort of respect and you know they're clean and they're married the right way, and they've only been married to one man and you know, it's like they all have their like ideal woman status in their culture, whereas like the young people they don't know like especially like the ones in the UK because they got like the UK life and they got the cultural life and it's like they don't know yeah".

- Amiina, Female, 21, Somali (Has FGC)

Experiences such as those discussed by Zaferra highlight one of the ways in which FGC is formulated into a normative female gender identity as those that do not have it can be bullied and told they are incomplete, this will be discussed further in chapter Six. The quote by Amiina demonstrates further how this normative female identity is used to justify FGC as she describes the ideal woman status, she also points out then conflict between being in the UK and cultural life, which is further discussed in chapter Nine.

Not having FGC was also linked to brining shame upon themselves, their family and wider community. It was particularly shameful if you ran away to avoid FGC, discussed FGC with elders or came to Britain without having it.

"If I had of ran away that would have brought a lot of shame to the family the reputation of my parents".

- Aluna, Female, 41, Kenyan (Has FGC)

"If I never had at this time, I would have felt good that I didn't have it but at that time the people like us, if they didn't have it then it was very

shameful not to have it, now there are many, many, Somali women who never had it all over the world”.

- Bilan, Female, 49, Somali (Has FGC)

“My mum was telling me about her friend who married into another tribe, they practice it and she herself hadn’t been circumcised and even the young boys were speaking about her and saying oh this woman isn’t even circumcised she’s dirty, and you can imagine these are small boys talking about a big woman like that like someone who is clearly much older than them, and with us like your age kind of equates the amount of respect you get, and for someone that young to be disrespecting you like that because you’re not circumcised shows to me how important it is to some tribes which is a bit crazy yeah”.

- Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

This quote by Dinka highlights the importance of FGC in some communities, as it is deemed disrespectful to talk rudely to older women, however the young boys felt that they could talk to this woman in this manner simply because she had not had FGC.

6.4.2 FGC as the counterpart of male circumcision

Some participants believed FGC was justified because male circumcision was compulsory in their culture, and often described as a similar practice. Others highlighted the differences between the two and emphasised that male circumcision was not done to control male sexuality, but to ensure hygiene, backed by scientific claims and religious texts. Participants further pointed out that boys were often circumcised at a younger age with anaesthetic and a medical doctor and felt less pain compared to girls. Circumcision for boys was framed positively and often seen as a very special celebration but not necessarily as a rite of passage.

“Erm it’s something like men are usually circumcised in the Somali so it (FGC) was basically something quite similar to that”.

-Cabdi, Male, 34, Somali (Mother and sister have FGC)

“Obviously we look at male circumcision from a medical perspective they have got it to benefit, it lowers the rate of infection you know from STDs, but what benefit do girls and women get from being mutilated nothing just agony and pain”.

- Aluna, Female, 41, Kenyan (Has FGC)

“For boy’s definitely, as I said it’s kind of religion it been like done by all people for boys, because you know the skin when it goes to cover it some people think bacteria goes in and some people say cancers and some research, but for that one cut off a little bit it’s like cleaner or something so better”.

- Raman, Male, 36, Kurdish (Wife has FGC)

“Yeah, we did it, I did it for my son when he was 4 months yeah because... I read it I think it’s good for boys, I don’t know, I did it because of science told me and also the first one, the second one because of religion there is evidence, but in my religion but there is no evidence in my religion that the woman has to do it they’re just speaking yeah”.

-Roza, Female, 32, Kurdish (Has FGC)

These quotes highlight the different views surrounding the similarities of FGC and male circumcision and how male circumcision might be used to justify FGC. They also demonstrate the differences in procedure and impact.

6.4.3 Cultural identity and pressure to conform

Culture played a major part in the justifications for FGC which was viewed as important in shaping cultural identity, it was recognised as a norm and tradition that had symbolic and ritualistic properties. All participants spoke of a strong cultural identity which was defined by a number of things, including but not limited to: food, music, literature, clothing, hospitality, prayer, cattle rearing and behaviours. These wider activities which were perceived as cultural such as singing, and dancing were evident in FGC practices. Singing and dancing during and after the practice of FGC was seen as a way to bond, teach and drive away evil spirits/witches. It was further identified as a way to create confusion for the girls and prevent both them and other people hearing screaming from those being cut. Being sang for at an event was also seen as a special moment, where they were seen as important people adding to the idea of an elevated social status given by FGC.

“Just after they been cut you all sit together singing together, it’s a normal thing”.

- Kusta, Female, 33, Gambian (Has FGC)

“They just dragged me out the room signing outside... I could hear a lot of people singing and all that, I think they were doing the singing to stop people hearing the screaming, you know so people don’t hear people screaming and crying, but I started screaming and crying”.

- Samira, Female, 36, Guinean (Has FGC)

This led some participants to further frame FGC as a ritual or ‘celebration’.

“Just like kind of erm what’s that called is it ritual or something like ritual”.

- Raman, Male, 36, Kurdish (Wife has FGC)

“The previous evening it was a big celebration then and the entire village and neighbouring villages come together, there is food, there is alcohol, there is singing, there is dancing and then there is also classes that the girls go through”.

- Aluna, Female, 41, Kenyan (Has FGC)

Other more specific events were interpreted as a ritual such as the cleansing of the room with water and dipping the girl into a bath of salt water after the cutting.

“The day after that one of the women who came to hold me down would come in the morning very early in the morning before my brothers woke up and she would burn the place with hot water...and she did that for about 3 or 4 days and then she stopped coming and that was it really”.

- Abeni, Female, 37, Nigerian (Has FGC)

Abeni described that this was a spiritual practice that helped to aid the healing of the cut, although this did not appear to be a common practice amongst participants in my research.

All participants were proud and spoke fondly of their culture, but highlighted elements they did not agree with such as FGC and other ‘harmful’ practices but restated that their culture was not all bad. Many participants also compared their culture to others to highlight that they were not the only culture that had ‘harmful’ practices. FGC was commonly justified as a cultural practice that gave people their cultural identity, it helped with identification processes, and to make people feel a part of something. Words such as appreciated, old and different were used to describe FGC as a cultural practice, it was further identified as something which was rooted in rural areas and was a common practice.

“I still love my culture so much and the only things I would change is the traditional practice that are harmful”.

- Aluna, Female, 41, Kenyan (Has FGC)

“I believe in my culture and I’m very proud of my culture and my traditions, FGM is just one part of the Gambian culture the culture is way bigger and richer than FGM but then in every society you go there might be some harmful practice within their culture”.

-Kusta, Female, 33, Gambian (Has FGC)

Both Aluna and Kusta both demonstrate that despite loving their culture FGC is something they would like to change. Kusta in particular highlights that other cultures have ‘harmful’ practices and suggests that FGC is just one part of her culture.

“Because you don’t want to think that the culture that you come from as having anything bad so that’s probably why you try to defend it and rationalise it and then you just realise that actually practices like this have been going on in all cultures like here in the UK the chastity belt which is not too different do you know what I mean it’s the same kind of thing”.

- Omari, Male, 25, Sudanese (Mum has FGC)

Building on from Kusta’s point about other cultures having harmful practices, Omari highlights that the UK also had a practice of using chastity belts which he viewed as similar to FGC in terms of its purpose. He also points out a process of rationalising and defending the practice, as he did not want to hold negative thoughts about the culture he came from.

“Although they had difficulties, they assumed that it was a good thing for them and it was their culture and they were proud of it yeah”.

- Amburo, Male, 31, Somali (Has FGC)

Amburo appears to be suggesting that what is deemed collectively a good cultural practice holds more importance than personal difficulties. There was a general sense of strong and positive feelings towards one's culture which could encourage the justification and rationalisation of FGC despite not agreeing with it.

Participants further drew comparisons between FGC and everyday activities which might be viewed as 'normal' both in the UK and countries of origin, such as those quoted below.

"No affect, no affects at all, but if I just go back and remember, I remember more the happiness, I didn't feel any pain no it's like when you go to the dentist".

- Amburo, Female, 31, Somali (Has FGC)

"It is the parent's responsibility, like it is your responsibility as a parent to take your child to school for her own good, so yeah it is the same thing".

- Kusta, Female, 33, Gambian (Has FGC)

"It's just a normal thing like oh I'm having my hair done today that's how normal it goes there, it's not some big thing".

- Samira, Female, 36, Guinean (Has FGC)

"They will grab it's just like a way of recruiting, it feels like when you're recruiting for a job, right people will come from different areas someone will come and say oh I've got two girls here alright take them bring them with you".

- Samira, Female, 36, Guinean (Has FGC)

These quotes could suggest that the practice is embodied into daily life and therefore seen as a norm, or regular routine practice. FGC was seen to benefit other cultural traditions

such as marriage, which could potentially strengthen the norm of FGC and further frame it as cultural.

“Some people say its cultural things, for example when you go to get ready for a marriage and everything, they will practice it and that way you can define it as a cultural thing”.

- Samira, Female, 36, Guinean (Has FGC)

One participant from Kenya noted that other routine cultural practices such as taking out the tonsils to prevent tonsillitis were similar to FGC.

“For them it’s just as common as taking your tonsils out because that’s something else her tribe do, it’s almost like a safe guarding thing and that’s how they look at it its more to protect you, because in the village if you get tonsillitis or appendicitis it’s a little bit peak because you’re not really going to survive to be honest. So, it’s like a safeguarding thing it’s to protect you from any dangers so they take out tonsils, they cut off the clitoris, just little things like that, and it all comes together like a baby package to protect you”.

-Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

Tradition was cited as one of the justifications for FGC, tradition was identified by these characteristics; ritual, family history, copied from other people, and old. Aluna suggests that FGC is continued as it provides an identity, the impact of FGC on identity is covered more in chapter Eight.

“It’s you know a tradition that’s been passed from one generation to the other so people have come to believe it’s part of what gives them an identity, it’s an important part of who they are so all the girls would be forced to go through FGM”.

- Aluna, Female, 41, Kenyan (Has FGC)

“I think it is a cultural and traditional practice”.

- Kusta, Female, 33, Gambian (Has FGC)

“It’s very much something that’s always, always been done”.

- Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

“I never really got an explanation from my mum it’s just copying, they’re just copying other people because they’re doing it, they have a tradition of doing it, so you have to do it”.

- JoJo, Female, 40, Gambian (Has FGC)

FGC was framed as an inherited practice, linked to tradition and older generations, some participants claimed it was inherited from another country and did not originate in their own culture; it was often believed that it ‘came’ to their culture from Arabs or Egyptians.

“It is a cultural thing that our grand grandparents were doing, and it is a kind of inheritance that your grandparents do it, your mum do it, so it has to be done to you”.

- Aluna, Female, 41, Kenyan (Has FGC)

“This practice is not from us it is from another country the people take that tradition from others, they did not have education or understand the bad effects they just thought it was religion, but I don’t know exactly what country it came from”.

- Ladan, Female, 45, Somali (Does not have FGC)

“It’s not our culture, it’s from Egypt its Fircooniga they did in in Egypt”.

- Uba, Female, 26, Somali (Does not have FGC)

“Originally it came from another country it’s not from Somalia but its Egypt”.

- Bilan, Female, 49, Somali (Has FGC)

Many participants stated that FGC was inherited by mothers and grandmothers but did not appear to support the practice themselves, suggesting a change in generations which is discussed further in chapter Nine. In addition to FGC being framed as an inherited tradition, many participants did not question FGC themselves as children, and many noted that their parents and families did not question it either due to societal pressure and not wanting to appear as unmoral people who were resisting it. The lack of questioning was believed to be due to not worrying about their parent's intentions, not understanding the health implications and it being framed as a positive occasion.

"You don't question it and you're happy in a sense".

-Zafeera, Female, 19, Sudanese (Has FGC)

"You know as a child you believe everything your parents tell you, you don't believe that your parents are there to harm you".

-Abeni, Female, 37, Nigerian (Has FGC)

Overall, cultural pressure to ensure a strong cultural identity, was highlighted as a strong justification for FGC and was further reflected in how interfered the community was; for example, the neighbours could perform FGC on any child without asking permission.

"I think it is a community thing, because it's like normally there are implications like consequences when you don't go through that, like when all your friends have been through FGM... you want the same thing done to your child, the pressure from the community yeah".

-Kusta, Female, 33, Gambian (Has FGC)

"The social culture pressure got to me, they were all having this thing and my mother had a pressure from society and she had to force me anyway, but in that case if she might have done it but if I said no I don't want to I don't think she will force me, but the pressure is there when you are in a

culture where all those things are normal you can't just stop and say no I don't want to because it's just an acceptance, although you don't want to you just accept you go with the flow".

- Amburo, Female, 31, Somali (Has FGC)

"Even the family do not want to do it, they can't because of the pressure they are getting all the people are looking down and they say oh she didn't have it, she didn't get circumcised and you can't live in that area if you don't do it, so you have to do it and its very bad thing really".

-Baraknado, Female, 50, Somali (Has FGC)

"The thing is even if my dad didn't want it to happen it would have happened because the family has got pressure on it, now days most of the time this is what is happening it's not your own family your mum and dad its more your extended family, your neighbours because back home your neighbours are just like your family...but they don't ask for your permission doing things like that they just come and grab them and go yeah I know it is an atrocious thing but I don't know".

-Samira, Female, 36, Guinean (Has FGC)

These quotes demonstrate some of the tensions and conflicts faced due to cultural pressures to have FGC, this will be discussed and analysed in more detail in chapter Ten. There was also a sense of a wider ownership of the body and expected behaviours from society, culture and religion. This was achieved by communal care and responsibility of the children and a strong sense of respect for elders. This wider sense of ownership of the body appeared to have encouraged social pressure and conformity.

"If even the family do not want to do it they can't because of the pressure they are getting, all the people are looking down, and they say oh she didn't have it she didn't get circumcised, and you can't live in that area if you don't do it, so you have to do it and its very bad thing really".

-Amburo, Female, 31, Somali (Has FGC)

“If your family believes in it, there’s a high chance that a girl can just be captured somewhere, and have it done to her just, so the family is satisfied”.

-Abeni, Female, 37, Nigerian (Has FGC)

“I just don’t like the idea of my culture defining what I should or shouldn’t do with my body, because like, it’s all like a collectivism aspect like everyone gets it and you have to do it, the pressures of it, I’d rather be my own self and make my own decisions and stuff”.

-Zafeera, 19, Sudanese (Has FGC)

These quotes demonstrate the wider factors influencing the practice of FGC like social pressure, conformity, communal responsibility and care of community members in particularly the younger children. The quotes from Amburo and Abeni, demonstrate that FGC can be done despite the family wanting it or without them knowing, this appears to be justified by the communal responsibility.

6.5 Religion

Religion as a justification of FGC was prominent in many of the participant responses, however, there was agreement by all participants that FGC is not a religious practice as it is not in the Bible or Quran and was around before religion. Many stated, religious leaders did not support FGC and that they had the power to stop it from continuing.

“It’s not a religious practice because no single holy book from my own research and work with religious leaders, Imams, pastors there is no thing called religious erm, you know holly book that advocates for FGM, and for those who claim it to be Sunnah which is the Hadith erm you know in the Quran prophet Muhammad himself never mutilated his daughter and

actually mutilation of the body is Haram in the Quran so it shouldn't be tolerated what so ever".

-Aluna, Female, 41, Kenyan (Has FGC)

"I know in some countries they give a religious explanation for it to do that, but in my opinion as a Muslim woman, it's not religious and I also don't want to be rude or judge any cultural values, but it's not religious it's just physically assaulting a woman in my opinion".

-Naza, Female, 29, Turkish/Kurdish (Does not have FGC)

Participants believed that people confused culture with religion and religious beliefs also prevented them from talking openly about topics considered taboo or sensitive such as FGC and sex, this is discussed more in chapter Nine.

"Give them the facts that it is not religion it is not mentioned in the Quran or Bible it is just a cultural thing".

-Kusta, Female, 33, Gambian (Has FGC)

"I think a lot of people confused culture with religion, there's like that little thin line".

-Xalwo, Female, 22, Somali (Does not have FGC)

"Some of them are really going through the affect mentally, they aren't going to say anything about it because religiously its taboo to talk about it".

-Samira, Female, 36, Guinean (Has FGC)

"I think that mostly it's to do with culture and maybe if also people miss interpret religion maybe they heard about some scholars saying there is a Sunnah version of you know cutting. I think you know about Sunnah? The way I heard about it was just you know, like having a small like bleeding or something and but not cutting if they heard some scholars say that and then they misinterpreted it maybe they will do it the other way, but mostly I would say it's to do with culture".

-Cabdi, Male, 34, Somali (Mother and sister have FGC)

“It’s not our religion, it doesn’t say do for wife or child, some people use culture as an excuse”.

-Uba, Female, 26, Somali (Does not have FGC)

“They just know that this is not religion, and if it is not religion it is bad culture, then for that reason the people have been educated and they know now what it is and that supported me to stop this thing”.

-Bilan, Female, 49, Somali (Has FGC)

All participants rejected the idea that FGC was religious by highlighting that god created people the way they were meant to be.

“No no I wouldn’t God gave this part, so we can’t remove it”.

-Zend, Male, 32, Kurdish (Sister has FGC)

“I feel like ok my logic behind it is that like you know how Muslims have such strong beliefs in god and god created us perfect, so if god created us perfect then why would they remove such a thing from like a female body? And obviously like everything in our body has a purpose, so like I just don’t get why they’d remove it like I just don’t get it yeah”.

- Zafeera, Female, 19, Sudanese (Has FGC)

*“I don’t see the reason why anyone would think of doing that *laughs* and obviously personally having been and brought up in a Catholic family you know when god created us, he put all those things there for a purpose why would someone you know go changing them you know”.*

-Aluna, Female, 41, Kenyan (Has FGC)

One Christian participant had experienced her pastor advising her to get stitched together (type 3 FGC) to ensure she stayed chaste before marriage. In conflict with another Christian participant who stated that priests would not promote it or prevent it.

“If they knew about it yes, some people would find it beneficial, but I remember when I was a teenager and my pastor said to me that he met a girl in the U.S who had her vagina stitched up and that he thought that was a good thing and maybe I should go and have my vagina stitched up just so that I can be chaste until I get married”.

-Abeni, Female, 37, Nigerian (Has FGC)

Christians overall tended to believe that it was difficult to blame FGC on Christianity because it is not in the Bible, but they highlighted the confusion for Muslims who were not sure if it was in the Quran.

“With Christianity, it’s hard to blame in on religion, I know in Islam the Prophet said a cut is ok but in Christianity it’s really hard to pinpoint it on religion very difficult”.

-Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

There was common agreement that Muslims had misinterpreted FGC and calling it Sunnah added to the confusion.

“Erm no because like the religion Islam obviously it says to make sure the men are circumcised that’s like compulsory, erm for like health benefits or whatever. With the women erm, like the Prophet said because at that time like there were so many women performing it quite a lot, and then he said don’t go into extremes of doing it like if you do, do it, for whatever reason because sometimes if a woman wants to have it done then tell her to not be extreme and only to remove a little bit, like for whatever reasons some people might want it for cosmetic reasons because the labia is too large or whatever so in that sense he only said it in that way”.

-Amiina, Female, 21, Somali (Has FGC)

Muslim participants stated that it was Haram to harm and mutilate the body and it goes against their religious beliefs. Other participants were told culturally that if they did not have FGC then their food would be Haram, and people would not be able to eat it.

“In terms of religion Islamic religion which most of the Somalis believe in you have all these scholars which have gone through you know villages and towns everywhere and they told people it’s completely Haram to do that”.

-Cabdi, Male, 34, Somali (Mother and sister have FGC)

One Muslim participant highlighted that he believed religion was more important than culture as it is about morality and that people needed to learn their religion again as circumcision was compulsory for men but optional for women, and the sheik he spoke to further advised a difference between circumcision which is just a scratch and mutilation. Another participant suggested that the prophet advised not to go to extremes and only remove a little bit when practicing FGC.

“Sunnah yeah, so they see it I think there is four different schools of thought and then two of them say it’s acceptable in Islam, and then the other two say its preferred so people like to use that to justify”.

-Zafeera, Female, 19, Sudanese (Has FGC)

“Some people try to justify it on the basis of religion, so they will be like religion doesn’t ban it and I think certain sects of Islam erm what’s the word like allow it so then people like jump to that and just use that to justify it in a sense”.

-Zafeera, Female, 19, Sudanese (Has FGC)

Other notable points raised from Muslim participants was that Islam was introduced to them after the war by Arabs and Egyptians and that despite religion permitting men four wives, they had started to only take one wife as they wanted to forge stronger relations with the European Union (EU). Overall there were less Christian participants in my study

than Muslim, but there appeared to be no significant difference in their view on the influence religion has on the continuation of FGC.

In addition to religion being identified as a justification of FGC, religion seemed to reinforce the justification of controlling women's sexuality and the difficulty to talk openly about sexual issues.

"Especially from a religious side we don't have that, we don't talk about sexuality with our partner at all, we don't. It's happening. We don't go and say you know last time when you did this, I didn't like that, and do you know last time I like that, we don't talk about that Paris its taboo".

-Samira, Female, 36, Guinean (Has FGC)

"Sex which is another thing which is like taboo like obviously especially if you're a Muslim if someone from a certain culture like those things cannot be discussed with your parents...they don't want you to be free to do whatever you want they want to control that especially you know your sex life... obviously if you're a Muslim anyway just you being a Muslim would stop you from doing that because that's what your religion tells you to do but culture feels like you know they need to physically stop it by closing you up which is crazy yeah".

-Amiina, Female, 21, Somali (Has FGC)

These quotes demonstrate the value placed on religious beliefs and cultural values around sex and virginity before marriage, which also acted as reinforces and justifications for FGC to be practiced. Amiina highlights the difference between religion advising you not to have sex before marriage and culture enforcing it through FGC.

6.6 Summary

This chapter highlights, utilising the interview data, many of the complex factors that contribute to the justifications of FGC and potentially to the continuation of FGC. This includes; gender identity norms, the desire to be like other women, hygiene, sexual control, cultural identity, pressure to conform and tradition. FGC was deeply rooted in sociocultural norms, pride, honour, expectations of behaviour, gender and cultural identities. Overall participants agreed that FGC was not a religious requirement and highlighted that this was a misconception and excuse for “bad” culture. The following chapter (chapter Seven) considers the implications of FGC, and how these may be experienced as conflicting or in tension with the justifications. For example, the justification that FGC produces a normative female gender identity is often experienced as feeling incomplete or less of a woman in the UK. In chapter Nine some of these justifications will be reconsidered and analysed in terms of generational changes and conflict.

Chapter Seven- Embodied implications and Cultural discursive commentary of the impact of FGC on the Body, Sexuality and Identity

7.1 Introduction

The previous chapter discussed the justifications given for FGC, this highlighted three main areas of importance: controlling women's bodies; controlling women's sexuality; FGC's role in gender and culture identities. This chapter explores the implications of FGC that are firstly described and embodied by the women and then the discursive commentary given by women who did not have FGC and men from affected communities.

Overall the majority of the women who had FGC in my research felt that their bodies were controlled and lacked confidence in relation to their bodies, sexual experiences and identity as a woman. The ability to express themselves as sexual beings was often controlled by cultural values and morals, and FGC was viewed as a tool to impose these. Many women experienced a lack of interest or desire in sex and reported only having sex for their partners pleasure and to maintain their relationship, there was also a handful of women who believed that FGC did not impact their sexual experiences. FGC shaped and implicated identity in three main ways; firstly, what it meant to be a woman, secondly their cultural identity, and finally if they viewed themselves as victims or survivors.

7.2 Women's embodied implications of FGC (Direct implications for women with FGC)

7.2.1 Body

This subsection on the body describes how women experienced feelings of being controlled and their bodies being owned by external parties such as the family, husband

or community. It explores how some women resisted this sense of being controlled through masturbation and body piercings, the impact FGC had on women's confidence and feelings of disconnection.

7.2.1.1 Control and ownership

Women described three main ways in which they felt their lives and bodies were controlled and owned, this included the time of the cutting, by living in a patriarchal society (both in the country of birth and the UK) and by the wider community and cultural values.

Of the 12 women who described the cutting process, 7 spoke about their bodies being controlled by the cutter and other women who physically held them down, two women did not remember the cutting process.

"As soon as I had four people, each of them holding my arms and my legs, that's when I said to myself, ok this is it my body does not belong to me anymore, because I couldn't control myself someone else was controlling what was going to happen to me".

- Samira, Female, 36, Guinean (Has FGC)

"My sister she bit one of the ladies' hands that was holding her down because it was that painful but yeah no anesthetic nothing"

- Zafeera, Female, 19, Sudanese (Has FGC)

This quote from Samira highlights the possible distress she felt at not being able to prevent what was happening to her, the recognition that her body did not belong to her anymore further suggests a level of ownership and conformity to a social body approved by the wider community. Similarly, Zafeera describes how her younger sister who was cut at the same time as her, was held down and as a result she bit one of the women. This could have just been a response to the pain but could also have been an attempt to stop

her from holding her down.

Women also discussed feeling controlled by family members and the wider community, this was linked to cultural values and community pressure which are discussed further in chapter Nine.

“I was the youngest of the family at that time, and we lived in the countryside and for that reason... I had that thing (FGC) my family are all apologising and my brothers they didn’t also like it, my mother and father also didn’t like it, they were all apologising and were saying we are very sorry for what happened to you, but they couldn’t stop it because of the pressure of the people”

- Baraknado, Female, 50, Somali (Has FGC)

“My mums the one who likes to exercise control over us”

- Zafeera, 19, Sudanese (Has FGC)

Baraknado highlighted how her family did not like FGC but the wider pressure of people within the community contributed to her undergoing the phenomenon. This could also suggest wider community ownership of the body, as her parents also may have felt the pressure to conform and possibly did not feel able to challenge the wider community. Zafeera highlighted how her mum as opposed to her father is the one who tries to exercise control over her and her sisters; she explained she does this by monitoring what they wear and where they go as well as them having FGC.

In response to these feelings of being controlled and owned women described acts of resistance and rebellion as a way to gain some of this control and ownership back, this was seen in decisions to have body piercings, choice of clothing and undergoing de-infibulation. Masturbation, exploring sexuality and seeking medical or professional advice, also contributed to women feeling more in control of their bodies.

“I feel like I own it more if that makes sense for example like say I’ve got a belly button piercing, and that like that proved to me that I own my own body and like my parents don’t need to know, and like who am I to ask them for permission, like for example to get a piercing and stuff so that’s like one step I’ve taken forward”.

-Zafeera, Female, 19, Sudanese (Has FGC)

This quote from Zafeera highlights a sense of power and overcoming control via body piercings, interestingly the decision not to tell her parents or ask their permission in particular adds to the feeling of moving forward and ownership of her own body. These acts of resistance are sometimes met with confrontation for example, this quote from Amiina, describes how her mother reacted when she decided to get de-infibulated before getting married.

“My mum was not happy, no she was not happy, and then at that point I just had to like obviously stand-up for myself and just say you know you did this to me and I’ve had to like live with it for so many years, so you just have to respect my decision now that I don’t want it anymore”.

-Amiina, Female, 21, Somali (Has FGC)

The elements of ‘standing up for myself’ and her making her own decision highlight that Amiina is going against what she believes are her mother’s wishes and suggests a potential battle of control over her body and remaining infibulated. Her mother at the time implied that she was being de-infibulated to have pre-marital sex, despite Amiina discussing health implications of being infibulated and the discomfort she was experiencing. The idea of her mum having to now ‘respect her decision’, could possibly imply that this is an unusual circumstance as her mum has made the decisions previously.

7.2.1.2 Confidence

Lack of confidence was a common effect of living with FGC and many women stated that this had impacted different areas in their lives including views on their body, their relationships, sexuality and emotional and psychological well-being.

Women often viewed their bodies as lacking something which made them a woman, this will be discussed in more detail under the identity heading in this chapter. This impacted their confidence and self-worth particularly in relationships as demonstrated in the following two quotes.

“Yeah so, I felt...I didn’t feel like I was complete, I felt that you know erm well something obviously had been removed and if there was a way of getting it back then I wanted it back”.

-Abeni, Female, 37, Nigerian (Has FGC)

“Then you wonder ok where did I go wrong, sometimes people just walk away from you they just up and leave even with everything you’ve got and then you’re thinking what happened there you know. Because it didn’t occur to me that it’s that obvious. Sometimes I try to hide it”.

-JoJo, Female, 40 Gambian (Has FGC)

Many women felt they lacked confidence when talking to men about FGC and how it impacted them particularly around sex and their ability to sexually please a man. This sometimes contributed to marriage breakdowns and some suggested it was the reason for men having marital affairs or only wanting to marry women who had not been through FGC.

“Because of FGM I had to go through two marriages I wasn’t confident enough, I couldn’t you know, I was refusing sex because it was painful every time”.

-Samira, Female, 36, Guinean (Has FGC)

Samira placed total responsibility for both of her marriages breaking down on her

inability to have sex due to the pain caused by FGC and lack of confidence. This lack of confidence and pain led Samira to not have any sexual relationships for 8 years, she viewed this as her “own problem” which she needed to learn to deal with. Samira also mentally anticipated the pain before having intercourse which was another barrier for her.

“I try to hide it by putting my hands there because I don’t know how to tell him, you can’t just meet a man and tell him I’m circum...I’ve gone through FGM you can’t tell them that...Sometimes you don’t know where to start because you don’t want it to be the main thing for the man to think you’re insecure about it, but you just don’t know where to start, because if you keep quiet about it then it’s like you’re lying to him but then in your head you don’t want it to seem like a lie because there’s nothing wrong with you”.

-JoJo, Female, 40, Gambian (Has FGC)

JoJo describes the dilemma of when to discuss the topic of FGC with a new partner, and the challenge of not seeming insecure or lying about it. JoJo uses words like FGM and “there’s nothing wrong with you” to potentially highlight her position of being against FGC, but also highlights the way she has made sense of the phenomena. This could also be why she started to say circumcision but switched to it the more politically used term of FGM reaffirming her position of being against FGC. The idea of hiding the external genital area suggests that she feels comfortable that the inner part of her genitals is how it should be and therefore would not indicate to a man that she has been through FGC. Her statement “you don’t want it to be the main thing for the man to think you’re insecure about it”, suggests that JoJo identifies herself as more than just a woman who’s been through FGC and she could want men to see the same.

For some women, their confidence was knocked by health professionals when they experienced care that was not sensitive, but in other cases women’s confidence grew

when professionals took their time and had previous knowledge of FGC. Whilst this seems like an obvious expectation for a negative health care experience, women with FGC both in my study and literature tend to face more complex health needs. For example, women with FGC are more likely to take longer to seek health care, face language barriers, fear racism, stigma and reporting and be met by a shocked professional that hasn't seen FGC before; as supported by the contextual and literature review chapters.

"I tried to do a lot of things about it, I went to my GP they keep sending me to this hospital I kept going back and forth...and they didn't help me, all they did was give me this horrible doctor...he picked up that bit, that I said comes out, I'm not sure what that is it's just a little loop that just comes out, because they cut anywhere, they probably cut a muscle or something I don't know, I don't know what they did. You know you need a professional so I went for them to check it and this man just lifted that thing up and was laughing about it and said it looks like two spears... coming from a doctor...you have knocked my confidence, I have come here for you to help me and you're laughing at me and since then I gave up going to all these doctors in the UK, I'm like what's the point because you don't understand it and I don't blame them they've probably never seen anything like this".

- JoJo, Female, 40, Gambian (Has FGC)

JoJo had experienced care that was not sensitive, and which had ultimately knocked her confidence and prevented her from accessing care again in the UK. She questioned how a doctor could act in such a way and laugh at her, in addition to this she said she did not blame him for doing so as he may not have seen it or understood it, there is however still a level of professionalism and sensitivity that should have been experienced. When JoJo came across an African female Doctor in the UK, she felt more confident that she would know about FGC and what she could do. This highlights the importance of training for doctors and medical professionals to handle FGC sensitively but could also present support the need for female doctors from similar cultural backgrounds who may have a deeper understanding of the complexities of FGC.

Another woman had experienced extremely poor care in another European country when she went for reconstruction surgery and found that the surgeon did not have the correct experience or knowledge to do this procedure.

“The first surgery it now made it look so obvious because you can’t see anything except the inner lips there’s nothing there anymore you can just only see the inner lips...I had indeed erm been cut or went and got myself cut... he’s taking me back to where I was when I first got circumcised, and so I have another operation you know to make it look more normal”.

-Abeni, Female, 37, Nigerian (Has FGC)

Abeni, discussed in detail her experience and felt that she had cut herself, which she had earlier referenced FGC as cutting, implying that the failed reconstructive surgery was similar to FGC and she blamed herself for this. She highlighted that her sex life was worse after the operation and that her husband had noticed the physical change. She had more surgery booked in another European country and was eagerly waiting for the outcome of her more ‘normal’ looking genitalia; it could be assumed that what she describes as normal refers to uncut genitalia. As these reconstructive surgeries are so new and still not available in the UK it made it difficult for Abeni to have confidence in the outcome. Her experiences also impacted her confidence and relationship, but she continued to seek care unlike JoJo, this demonstrates the differences in women’s experiences and desires in seeking surgery. This could further suggest that there are varying degrees of embodiment and acceptance surrounding FGC as some women describe their genitalia as normal as they have never known anything different and other suggest that those who have not been cut are ‘normal’.

One participant who had undergone de-infibulation here in the UK had more of a positive experience which built her confidence in particular around having positive sexual relationships.

“You’re scared of that (losing your virginity) and then you don’t even have that real fight you know the thing you need, and you feel like what’s the point it damages you like a lot mentally, so it’s not true because, although like it (the clitoris) has sort of been damaged or it’s been like played with you still have one and you can work with it and you being confident of how you can live your life basically, which is you know luckily that gynecologist I had was amazing, like she knew the ins and outs of it and she was just amazing”.

-Amiina, Female, 21, Somali (Has FGC)

Amiina, describes how before she self-referred to the gynaecologist, she had concerns around losing her virginity after being infibulated, she implies that this mentally damaged her and she questioned what the point was due the clitoris being damaged. This could potentially be due to the western focus on the clitoris being the main point of sexual pleasure, which was discussed in the literature review chapter. Amiina implies that a contributing factor to the change in her confidence around this was the fact that the gynaecologist was aware of FGC, which contributed to her undergoing the de-infibulation and feeling more confident about her ability to enjoy healthy sexual relationships.

Women also described that their confidence was further built up by attending support groups, where women could talk openly about FGC and any issues they were experiencing.

“They are just there talking about their lives and we laugh about it even though its painful things talking about it is another part of healing and we love it we just come and share ideas and that’s it and I think for some of them that’s more than enough than going to a therapist and its working great”.

-Samira, Female, 36, Guinean (Has FGC)

Samira highlights here how talking to other women with FGC is beneficial for the women in the group she attends and how this improves their confidence and healing. The sharing of ideas was later expanded on and involved women discussing their sex lives very

personally and detailing ways to work around FGC to have positive sexual relationships. This was compared to going to a therapist and seen as a great alternative if not better, this could be due to the insider relationship the women had and the fact that it was more solution focused, where women could draw from each other's experiences as opposed to just talking about the actual process of the cutting.

7.2.1.3 Disconnected

Having highlighted the above issues around body ownership and confidence, I will now demonstrate how this impacted the women and often made them feel disconnected from their own bodies, both psychologically and physically in terms of the vagina itself by forgetting it was there and the functions of it, but also the actual procedure of FGC. This also bled into a disconnection from sex which is discussed in more detail in the following subsection.

The quotes below highlight, how many women at times forgot about FGC until it caused them issues and how they felt a disconnection from sex.

"After the healing which took 3 weeks and everything, I forgot about FGM I forgot that it was done to me but then it came back again when I grew up when I started having a sexual relationship".
-Samira, Female, 36, Guinean (Has FGC)

"I could go for years without it (sex) and not even think about it or even think that I had an organ down there. There was no reaction from there, so it was only afterwards that it made me think oh maybe it had something to do with when these people made me a woman...And sometimes you pretend because you like the man so much, you're pretending that you're feeling something and you're not feeling nothing".
-Abeni, Female, 37, Nigerian (Has FGC)

These quotes demonstrate a disconnection from FGC and their own genital organs, but also later on in their life when there could be a sexual disconnection. This notion of

‘forgetting’ about FGC could also influence embodiment, where FGC is seen as normal as they do not remember or know anything different. This disconnection to FGC, particularly in terms of not seeing its value could be influenced by living in the UK where the beliefs around the female genitalia and sexual liberation are different to many of the countries where FGC originates from. Women also spoke of feeling incomplete in their physical form and how this added to the feelings of being disconnected from their bodies. When considering some of the justifications of FGC (as highlighted in the previous chapter), such as appearance, and gender identity, this chapter highlights a tension between the justifications for FGC and how women make sense of and interpret the implications of it.

“Yeah because it makes you incomplete in a sense erm and like I didn’t have a choice”.

-Zafeera, Female, 19, Sudanese (Has FGC)

“You do feel like you’re not a woman in a way because you’re lacking things that you were born with that you would like need in a way to like have like a healthy sex life”.

-Amiina, Female, 21, Somali (Has FGC)

Both Zafeera and Amiina highlight their feelings around FGC making them ‘incomplete’ or ‘lacking’ something that makes them a woman, this is discussed in more detail later in this chapter.

7.2.2 Sexuality

The women in my research spoke very expressively about the impact FGC had on multiple aspects of their sexuality. This included the act of sex itself, masturbation, the lack of interest or enjoyment in sex, and not being affected in any sense.

7.2.2.1 Masturbation

Some women spoke candidly about how masturbation was a way to explore their own bodies and learn what they liked and disliked, but also as a way to gain back control over their body and sexual experiences and to help increase their confidence.

“So, I needed time to reflect to learn to know my own body to learn to know what I like and what I don’t like”.

-Samira, Female, 36, Guinean (Has FGC)

Samira had been single for almost eight years and she describes how she needed to take time to learn about her own body and what she liked, this idea of needing to learn her own body alludes to her disconnecting from the social beliefs around her body and identity as a sexual being and learning and exploring for herself what that might mean.

“It like took a while to get used to my body which is like really weird because you get used to your body mainly like when you’re in your teens because that’s when you explore your body and that whole whilst you’re a teenager you can’t really explore your body because you’re ashamed of what’s happened to you but so like yeah after I had it done I was like oh my god like you’re getting to learn all these different parts of your body”.

-Amiina, Female, 21, Somali (Has FGC)

The description that Amiina gives about this process of getting used to and learning her body after FGC and after the de-infibulation demonstrates a possible disruption of a natural life-course and identity that Amiina believes she should have experienced at a younger age. Life-course simply refers to the way one perceives their future life or milestones they may reach due to the social, cultural and structural norms. Interestingly despite Amiina’s mother and family members undergoing FGC and being aware that it was socially and culturally inappropriate to have a de-infibulation especially before

marriage this was not the life course that Amiina believed in. Instead she alludes to missing out on learning about her body during her teenage years when she believes it's supposed to happen.

“I was very frustrated because before the operation I had learnt to masturbate and have an orgasm and after that operation up until today I’ve not had an orgasm I’ve not been able to erm it made it worse for me and I had so much regret that I ever went in the first place to have it done I should have just left it the way it was”.

-Abeni, Female, 37, Nigerian (Has FGC)

Abeni also highlights how she had come to embody her genitalia after FGC and learn to masturbate and orgasm, but the quest of surgery and reconstruction had actually not improved her experiences and had made them worse. She had anticipated surgery would allow her to gain control over her body and sexuality, achieve a ‘normal’ looking genitalia and get back something that had been taken away from her, which she later described as her sexuality and femininity. This could highlight how a further disruption to the genitalia, that had already been embodied post FGC can further impact a woman’s connection with her own body and disrupt her identity as a sexual being.

7.2.2.2 Lack of interest or enjoyment

Many women reported a lack of interest and enjoyment in sex with their partners, this was sometimes due to there being no physical sensation or pain. Some women reported a reduced sexual appetite or libido, this impacted their confidence and they sometimes blamed themselves for this and spoke of feeling inadequate as a woman which will be discussed further in the next subsection of this chapter. The quotes below demonstrate factors women highlighted as contributing to their lack of interest or enjoyment in sex.

“I just never felt interested in having sex you know, I could go for years without it (sex) and not even think about it or even think that I had an organ down there”.

-Abeni, Female, 37, Nigerian (Has FGC)

Abeni’s quote could suggest that she experiences a disassociation from her genitalia/organ as she described not thinking about having anything down there. It is possible that she also associates sexual desire stemming from there alone or that the trauma has caused her to not even feel interested in sex.

“When I’m with my husband and he ask me for like sexual all-night activity, if I reject him, I blame myself or I blame the society why they did like that for me?”.

-Roza, Female, 32, Kurdish (Has FGC)

Roza often blamed herself and the wider community for the fact that she was not interested in having sex with her husband. This suggests that she links that directly to the fact that she has had FGC as she questions why they did that to her. This not only caused her marital issues, but also impacted her self-esteem and communication around sex with her husband.

“You know it’s not fine for me because I go through pain all the time my confidence is zero, I do suffer I have pain sometimes when I’m sleeping with a man and it basically makes you not want a man, you think you know what’s the point because all I’m going to do is suffer because there’s no pleasure out of it you know”.

- JoJo, Female, 40, Gambian (Has FGC)

JoJo felt that her lack of confidence and pain from FCG impacted her desire to have a relationship, as she feared suffering and did not expect to have any pleasure from this.

This led some women to choose to abstain from sex and relationships completely for long periods of time.

“For eight years I was alright, no sex nothing, happy and everything, but then as soon as it starts again (clicks finger) you can’t enjoy it you know it’s still happening and its horrible”.

-Samira, Female, 36, Guinean (Has FGC)

When women did engage in sexual intercourse, they often reported pretending to enjoy it or only having sex for the man’s pleasure and to help keep the relationship. Some women described how sex felt like a chore and stated that an emotional connection was important. A few women highlighted that they felt like they were physically present during sex but not always mentally, others reported that they would not initiate sex because they did not enjoy it and would only do it for the man.

“So unless he wants it you’re not the one to go for it do you see what I mean so you’re not the one who initiates it... in your mind you’re just thinking alright just cum and get off you know that kind of thing... it’s more of a chore than you know something you enjoy doing and sometimes obviously to keep your relationship you want to satisfy the man so it’s more of everything just has to do with the man erm more than the both of you or for you”.

-Abeni, Female, 37, Nigerian (Has FGC)

“Sometimes you pretend because you like the man so much, you’re pretending that you’re feeling something and you’re not feeling nothing”.

-JoJo, Female, 40, Gambian (Has FGC)

Abeni, highlights that she would not initiate sex and viewed it as a chore, she implies that in order to keep her relationships she would engage in sex but not for her own pleasure. Furthermore, JoJo implies that if she was not seen to be enjoying sex this could become an issue within the relationship or might be perceived as a lack of interest in the man.

Both women and men highlighted that FGC also impacted men's sexual experiences and some men stated that they did not want women to have FGC because they wanted their partners to enjoy sex (discussed below under discursive commentary). This contradicts the common claim that all men want FGC as that it increases their sexual pleasure, as highlighted in the literature review.

“Because they feel like their wives not enjoying like sexual intercourse with them so some of them don't want it”.

- Amiina, Female, 21, Somali (Has FGC)

“I didn't I knew that you know because of that it has affected me, but I didn't think it would affect the man as well. Because for me I though ok since it's done to me it should only affect me and not the man”.

- JoJo, Female, 40, Gambian (Has FGC)

These quotes demonstrate the impact FGC has on relationships and suggests reasons why men would not want to marry women who have been through FGC. The quote by JoJo further highlights how women may believe that because FGC is done to them it only impacts them, but it can also impact men. Amiina's comment suggests a possible change in attitudes towards FGC and sex which is discussed further in chapter Nine.

The lack of interest and enjoyment in sex from women coupled with poor communication and the inability to openly talk about sex and pleasure with their partners sometimes lead to difficulties.

“I know of women in the survivor's club that have massive, massive, problems because they say they don't talk about it and they aren't interested and if they complain they are having pains maybe if they have type 2 or 3 FGM the man will be like ok if you're in pain we will stop

having sex no problem and there is no discussing of other ways of giving a woman pleasure and also giving the man pleasure so you know it's a fulfilling relationship".

- Aluna, Female, 41, Kenyan (Has FGC)

Many of the women I interviewed discussed difficulties talking about FGC in particular with their male partners, Aluna summarises many of the barriers and some of the men I interviewed supported the idea that FGC is a 'woman's' issue that they knew little about. Some women also alluded that they did not want their partner to focus on the fact they had been through FGC or question their love and attraction for them. This is covered in more detail in chapter Seven.

7.2.2.3 Not being affected

Some women claimed their sex life had not been impacted at all, part of this was due to them growing up with FGC and only ever experiencing sex after FGC, which normalised their experiences as they had nothing else to compare it to. Other factors they suggested that could contribute to not experiencing any impact of FGC included confidence, a healthy relationship and positive mindset. Some women described how they did not tell their husbands because they could not visually tell they had been through FGC. There was no explanation given as to why the men could not visually tell that women had been through FGC, due to there not being a large amount cut off for example in type 1. It could also be assumed that they might not be able to tell if this is their first/only sexual partner.

"No affects, no affects at all...No I didn't have to tell him because I didn't have a big thing that he can see the sunna you can't see anything, so I didn't have to speak to him about it".

- Amburo, Female, 31, Somali (Has FGC)

"I read it said some women have some problem having sex or painful sex and all that when they have been through FGM, but I wouldn't it is very difficult for me

to know that because it's like a normal thing to me, I was grown up like this, so yeah I wouldn't know any different to be honest yeah".
- Kusta, Female, 33, Gambian (Has FGC)

Kusta highlights how she has grown up with FGC and it is therefore normal for her to have sex with FGC. It is interesting that she stated she read that some women had issues as opposed to having conversations with other women, this is discussed in more detail in chapter Eight.

"I had like you know healthy sort of relationship in that manner and it's been good".

- Amiina, Female, 21, Somali (Has FGC)

These quotes suggest through words such as 'normal' and 'no affects' that to some degree women may normalise and embody FGC. Amiina suggested that she had experienced a healthy relationship when discussing sex and the impacts of FGC, although she did not explicitly say she had sexual intercourse and was not married which is also taboo.

7.2.3 Identity

As the last chapter highlighted, one of the justifications for FGC is the role it plays in the construction of both gender and cultural identity. This subsection will explore how women tried to make sense of their identity after FGC, including how some women negotiated or self-identified as victims or survivors of FGC.

A common experience for many of the women was bullying amongst peers, this often led to women feeling different and abnormal which acted as a re-enforcer for the phenomena. Many examples of this were given by the women I interviewed who said that they themselves had asked their parents, aunties and older sisters to organise FGC for them.

"It wasn't my mum that was pushing me, I was pushing her to get it done because my friends were bullying me I dint have nobody I was lonely..."

and then the fact I never had FGM and I was too late you know it never helped and I used to push my mum when are you bringing the midwife for goodness sake why do I have to go through all of this and then when the midwife came I sat crying it was painful it was painful oh my goodness I hated it”

-Hani, Female, 32, Somali (Has FGC)

Hani asked her mother to arrange FGC and discussed getting extremely frustrated and upset that her mum was talking so long to organise the midwife. She describes how she was too late, because she had FGC done at the age of 12 and all her friends had it done a few years previous. Her mother did not want her to have it done so kept postponing it, but Hani continued to ask due to the bullying. Hani later described how she hated the pain when it eventually happened and was thankful that her mother had not let her have type 3 FGC.

The idea that FGC makes a woman ‘full’ or ‘complete’ was contested by many of the women I interviewed who stated that they did not feel like ‘full’ or ‘real’ women and that the loss of the clitoris and loss of sexuality negatively impacted the way they made sense of their identity as a woman. Furthermore, one woman described how in order to embrace her cultural identity she had to lose part of her identity as a woman.

“You can’t perform like a normal woman, you’re not like a normal woman so this is why they do it...it’s in the back of your head that oh my god I’m not normal I’m not like all the other women out there I’m not it is dead horrible. You’re like not a full woman and you will never be there’s no way you can ever get that back... no matter how good I look no matter how good I smell there’s something which makes a woman a woman and I haven’t got it”.

- JoJo, Female, 40, Gambian (Has FGC)

This quote raises points of comparison between herself and what she identifies as a normal woman which we can assume she means a woman who has not undergone FGC. References to ‘being’ a full woman can be interpreted to demonstrate that she identifies

being a full woman with having a clitoris and/or being capable of enjoying sexual experiences fully. By further highlighting points such as looking and smelling good, JoJo could be emphasising attributes that she believes adds to a woman's attractiveness or desirability, however she implies that this is not enough as she is missing the one thing that makes her a woman, the clitoris. There were further connotations of a disrupted life-course, as previously discussed, when the women I interviewed described not being able to do something that they believed women should naturally be able to do which was sexually please their male partner or described not feeling the same as some of their friends.

"Before that I just knew that I wasn't feeling the way you know my friends would tell me they felt before, during sex you know I just never felt that way. I just never felt interested in having sex you know I could go for years without it and not even think about it or even think that I had an organ down there. There was no reaction from there"

-Abeni, Female, 37, Nigerian (Has FGC)

Some women highlighted that men have started to value women who have not had FGC and questioned what would happen to the women who had already been through it. Others also noted how their male partners commented on them not being full women, this could also be a contributing factor to the way in which women make sense of their identity as a woman after undergoing FGC.

"The one who doesn't have it at all is much better...at this time they love to marry them those that are not circumcised yeah they don't want it anymore"

-Casho, Female, 40, Somali (Has FGC)

"He basically one day just said to me that you're not a full woman. That's when it started to click to me that ok, I'm not and he said oh you're not a full woman I wish they had never done this to you"

-JoJo, Female, 40, Gambian (Has FGC)

Casho and JoJo both imply that there is comparison between women who have and women who have not undergone FGC, with a preference from men for those without

FGC. JoJo said that it clicked to her that she was not a full woman after her partner had mentioned it to her, this could imply that she did not necessarily feel or identify that way prior to this or had not linked the two. In addition to this it was seen as

“Yeah but it was at a cost so you have to pay that cost and you shouldn’t to be a part of something you shouldn’t pay any price that is my point of view and being an adult now it’s disgusting you know my children will never actually be put in that kind of situation to choose either their identity or lose their identity and be pain free no they shouldn’t you know they should have their identity without paying a price”.
- Hani, Female, 34, Somali (Has FGC)

7.2.3.1 How women negotiated the identity of a Victim or Survivor

As discussed above, women highlighted that FGC affected the way gender and cultural identities were shaped and understood by the wider community and themselves. In addition to this, some women in my interviews further negotiated the identities of victim or survivor as a result of FGC.

Some women self-identified as a victim of FGC, others self-identified as a survivor of FGC, and some suggested they identified as both a victim and survivor at different points and others did not self-identify as either. This quote demonstrates the difficulty one woman experienced in making sense of and negotiating these identities.

“Like I don’t know if I’m degrading myself like I wouldn’t classify myself as a survivor...is that bad to say? ... Maybe because of the way people make it seem like such a normal thing and it’s not a bad thing, like I just see myself as someone who just lived through the experience and made it to the other side, but yeah I feel like survivor is too much over exaggeration I don’t know maybe that’s just me...I’d say maybe victim, yeah victim I don’t know actually because I feel like survivor is, I don’t know because in our society it’s made to seem like such a normal thing everyone has it done like there is nothing to survive about it so yeah I think victim, I don’t know maybe it’s just the way they get to you I guess and you have to take into account cultural relativism but a lot of people just see it as normal so they don’t question it or see themselves as victims which is sad but yeah”.
-Zafeera, Female, 19, Sudanese (Has FGC)

Many of the women that identified as a victim said that FGC took away from their happiness, they had ongoing pain, felt strongly about something being taken away from them and the procedure being done against their own will. Some of the women also reported other forms of violence which added to this identity of victim or survivor. Women often blamed themselves, their communities and families for FGC and framed it as child abuse. Some women felt they were victims of patriarchal society and believed it was too late for help.

“You have to like sympathise in a way it’s like really weird but obviously it’s your mum or whatever that has done it to you but then you have to realise it was her mum that done it to her and she’s also like a victim of this, so you can’t be too harsh”.

-Amiina, Female, 21, Somali (Has FGC)

“I was also a victim of FGM around about when I was nine or ten...I had, the first surgery it now made it look so obvious because you can’t see anything except the inner lips there’s nothing there anymore you can just only see the inner lips, so it made it more glaring to him afterwards that I had indeed erm been cut or went and got myself cut yeah”.

-Abeni, Female, 37, Nigerian (Has FGC)

Amiina highlights her sympathy towards her mum as she also views her as a victim of FGC. The point of not being too harsh on her could imply that she still recognises that she was a victim of something she does not want but so was her mother who repeated what was done to her. Abeni also discusses her unique experience where she recognises that she was a victim of FGC as a child, but her experience of surgery makes her feel like she has got herself cut which earlier in the interview she relates to FGC.

In comparison women who self-identified as or used the term survivor linked this to having a positive mind set and moving forward with life and not letting FGC stop them having positive sexual relationships.

“I think it is the mind set and because you have to block you know that you have that kind of thing... I don’t relive the pain or the struggle I had other awful things happen afterwards or before that but I had that kind of ability to shut it down basically and move on with my life and make the best out of it... you know I always look the bright side yeah of course it makes me sad I cry I struggle I have that moments...and I was good to forgive as well I like instead of blaming my mum instead of blaming my community instead of blaming like my friends I kind of let it go”.
-Hani, Female, 34, Somalia (Has FGC)

Hani discloses that she has had other bad things happen to her such as domestic violence, she talks about her ability to shut things down and move on, this could identify a different way of embodying FGC as it is a different type of acceptance of the situation.

Despite women self-identifying and spontaneously using the terms victim and survivor, it is important to note that some women did not make sense of FGC in this way and instead just seen it as something they lived through. It is worth noting that this terminology of victim and survivor is often used in the media, public policy, campaigns, by professionals and support groups.

Adding to this narrative of FGC being understood as creating a victim identity, some women experienced negative situations directly related to the fact that they had FGC, this could be understood as re-victimisation. This included re-victimisation by family members, expectations to stay infibulated despite health complications, by poor medical care and interaction with services and finally by the law which women said can leave them feeling like criminals and deter them from seeking medical help.

“Yeah, yeah, because they have been through it as well like a lot of people like focus on oh my god you need to arrest the person and it’s like well what you going to do are you going to arrest her mother and then her mother and”.
-Amiina, Female, 21, Somalia (Has FGC)

“So, before this bill was passed I was so upset I cried so much I could not believe that they were putting me with everything that I went through with all the emotional stress all the anger that I’ve been through all the change in my body that I’ve gone through, and they put me in the same classification as a woman who goes to pay money to have her genitals pierced. I thought that was the most horrible thing anybody could think of I don’t believe it’s a double standard I just believe it’s absolute bollocks that’s where I stand”.

-Abeni, Female, 37, Nigerian (Has FGC)

These quotes demonstrate how the law around FGC can often leave women frustrated and upset, the first quote by Amiina demonstrated that the law could criminalise women had already been through FGC and how there would be no end to women being arrested. Amiina also spoke out about how the law made it more difficult for women to seek appropriate medical care out of fear of being arrested. Abeni on the other hand discussed how she felt very stressed and angered by genital piercings being classified as FGC (type 4) when this was something very different and took away from her experience.

7.3 Cultural discursive commentary (women without FGC and men)

The majority of the cultural discursive commentary as expected was surrounding the justifications for FGC, only few participants spoke of the implications of FGC as outlined below. The majority of the participants discussed the implications on a woman’s sexual pleasure, and very little was mentioned about the body and identity unlike the justifications.

7.3.1 Body

Only one man mentioned women’s confidence in relation to FGC and women’s bodies, he felt that FGC did not impact women’s confidence and believed it depended more on what the man wanted.

“I think I haven’t had problem with you know confidence lack of

confidence I would say again it depends on the man and what he wants”.
- Cabdi, Male, 34, Somali (Sister has FGC)

“I felt ashamed when I went to wee in communal toilets and people would ask my mum why my wee was so loud and why I wasn’t cut they were all curious. My mum would tell me to put the water on or wee when no one was there. I would try to squeeze my muscles and just do a little bit at a time and wee close to the ground and wee quiet”
- Uba, Female, 26, Somali (Does not have FGC)

Uba did not have FGC and spoke about a unique experience of using the communal toilets and being encouraged to try and conceal her natural flow of urine as it was an obvious sign to others that she had not been cut. Uba also discussed how people within the community would ask if she had been cut and she would lie and say that she had to prevent further questions. This suggests that the importance of a normative female gender identity achieved through FGC not only directly impacts women with FGC but could also impact women without FGC from affected communities.

“As long as she was aware that’s what a female body looked like, so it’s not even like she was ten years old and she knew she had this thing and next day she doesn’t have it she woke up literally from as early as she can remember she never had a clitoris”
- Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

Here, Dinka discusses her mums’ body and points out that she would not have known any different as she had FGC from a young age, this suggests a wider social understanding of the embodiment of FGC and not just personal embodiment of it.

7.3.2 Sexuality

The men I interviewed either played down the implications of FGC and sex or were not aware of them and highlighted the justifications of it regarding sexual control which was discussed in chapter Six.

“I know people are talking about this say not for females because it is affected our feeling like to get like enjoy during sex...some of my friends

he's older than me but he said when I do sex with my wife she's like dead you know she has no feeling there you know just the man gets orgasm without the woman getting it yeah so it's difficult...sometimes maybe man want to pass his wife and do some other things with other women... but for my wife..I didn't feel such difficulty with her to be honest she's normal, she's not like abnormality...she's ok but some women they don't have much sexual feeling””.

- Raman, Male, 36, Kurdish (Wife has FGC)

Raman highlights that this is a topic which he has discussed with friends and says it is difficult as only the men will reach orgasm, he also suggests that this could be a reason for marital affairs, on the man's part. He claimed that his friend described his wife as 'dead' and having no sexual feelings, this further suggests that there is an understanding of the function of the clitoris or the implications of the cutting. He pointed out that his wife did not have any abnormalities and was 'normal' despite being cut. On reflection, it would have been interesting to explore this further in terms of what he deemed normal and if he had comparative experiences with uncut women, but this did not feel appropriate.

“I know my dad used it as an excuse to move around when he was, I mean they're still married but when he was having affairs, he was using it as an excuse because obviously that's when comparison comes in oh my mum doesn't have a clitoris another woman does kind of thing”.
-Dinka, Female, 20, Kenyan (No FGC)

Similarly, Dinka suggests that FGC was used by her dad as an 'excuse' to have affairs which also causes a comparison between women who have had FGC and those who have not. This was also discussed by Omari, he states that this was an influencing factor in his resistance to marrying a Sudanese woman and had discussed this with his father.

“I've always been kind of resistant to the idea of marrying a Sudanese woman and I think partly it's the idea that I don't want to get married and like have a wife that can't enjoy sex and stuff”.

-Omari, Male, 25, Sudanese (Mum has FGC)

Cabdi also supported this idea of there being sexual and marital issues due to FGC and this knowledge has resulted in men preferring women who have not had FGC.

“People now even prefer the ones who haven’t gone through FGM...in most cases people report injury and a lot of trauma during you know when they first meet and get married...yes it would cause marriage problems, it would cause the lady to feel pain and yes marriage problems”

- Cabdi, Male, 34, Somali (Mother and sister have FGC)

Ezma further questioned why they would cut it all off as that would be problematic during sex and also linked this to marital problems.

“I don’t know if it’s all cut off how can they practice their sexual contact with their husbands, because you know I heard for some people that most of the problems with their husbands is from that situation”

- Ezma, Female, 34, Kurdish (Does not have FGC)

7.3.3 Identity

In addition to the understanding of FGC on sexuality, this was further linked to the identity of a woman as demonstrated below by Chiku. She referenced libido and the ability to keep a man happy with womanhood.

“It takes away your confidence, it takes away your womanhood...there are women who don’t want to marry and have children, so it doesn’t ... but if your libido has to come and you have a man in the house you can keep him happy that is associated with womanhood yeah”

- Chiku, 32, Kenyan (Does not have FGC, but older sisters do)

An interesting point was raised by Uba who had not undergone FGC.

“Men will come up to me and ask if I’m normal or cut”.

- Uba, Female, 26, Somali (Does not have FGC)

This idea of ‘normal’ being uncut and cut, suggests a potential shift in attitudes and beliefs around FGC and the production of a normative gender identity as discussed in chapter

Six, this possible shift is further reflected in chapter Nine. Omari also stated that he had not heard of FGC being done to impose a cultural identity.

“No, I haven’t ever heard anyone say do it to feel Sudanese or anything like that no”.

- Omari, Male, 25, Sudanese (Mum has FGC)

In support of this change in FGC being associated to identity, Landan notes that she was not bullied despite being different to the other girls.

“I’ve not had FGM...I think it is good that I didn’t have it done and no one in my village picked on me even though other girls had it done”

- Ladan, Female, 45, Somali (Does not have FGC)

Cabdi also points out that more men are also in support of a change in practice.

“I think that was mainly a belief that was there before... but now people are getting educated more... they (men) talk about it and totally denounce FGM saying we don’t want pharaonic (type 3) circumcision”

- Cabdi, Male, 34, Somali (Mother and sister have FGC)

7.4 Implications of migration on FGC and identity

Participants spoke of being in the UK either through immigration or being born here and what they experienced or perceived as a hybrid of cultural identities. Two women who were born in the UK and had experienced FGC highlighted that they felt people would not have expected FGC to have happened to them due to them being born in the UK. This is only very briefly highlighted here to introduce the idea of how the implications of FGC are perceived to be changing and impacted by migration; this will be explored in more detail in chapter Nine.

“Like nobody would expect that had happened to me...I think they would have been really shocked to find out that I would have had it like no one expects ME a western born and raised person to have gone through such a thing if that makes sense”.

-Zafeera, Female, 19, Sudanese (Has FGC)

“He was quite shocked to begin with because he’s been my GP for a very long time and he never really thought I would have had it done because I was born in the UK”.
-Amiina, Female, 21, Somalia (Has FGC)

Amiina expands on this further by explaining how she doesn't believe FGC is beneficial to her as she lives in the UK, but she can see potential benefits if living in Africa.

“It’s causing me more problems than benefits like I live in the UK some girls living back in Africa maybe it’s a benefit for them because it will, they can get married easier or they can get accepted easier or you know like whatever it might make their lives easier for them, but with me it doesn’t so it’s like it doesn’t make it easy for anyone but you can sort of understand why some people in Africa have it done because if they don’t their like an outcast in their community”.
- Amiina, Female, 21, Somali (Has FGC)

Participants also spoke of the influence that being in the UK had on their cultural identity.

“I wouldn’t say they are westernised because they never really liked this country too tough or like you know especially hum like going to the pub doing all that type of stuff when you’re vey like traditional in another way I think its cultural exposure it’s not like they have assimilated and now they are more western than they are Sudanese it’s just exposure in different ways different schools of thought and different ways of doing things makes you actually question”
- Omari, Male, 25, Sudanese (Mum has FGC)

Omari highlights that his parents have been exposed to a different culture which can make you question things. However, he did not feel they had assimilated or become more western and associated this with things like going to the pub. On the other hand, Warsame discussed a more fluid and adaptable identity where he can pick and choose which elements to participate in and when.

“I’m part of the British society I am British I am human ok I am part of this wider community you know not just one particular group no you know that not my it’s never been my you know my attitude towards that literally and I detest that to be honest you know because I’ve got trousers on tomorrow I might have a long white robe err so because again this is the practice of prophet Mohamed he will take the traditional clothing off the people that he was with so nothing is saying no to it so why not”.

- Warsame, Male, 46, Somali (Grandma has FGC, but his Mum, sister and wife do not)

“My mums so funny like the thing is she I feel like she’s in this struggle where she’s trying to be like a modern western mum and she’s still trying to reserve her modesty”.

-Dinka, Female, 20, Kenyan (Mum has FGC)

Dinka could possibly be suggesting that her mum feels that being both modern and western and modest are incompatible, as she struggles to find a balance between the two.

Living in a different country and generational changes were identified as having an impact on their cultural identity. It was also suggested that this would be an influencing factor in FGC not continuing.

“Those that are born here and those that are brought up in Somalia and other countries definitely there are cultural differences and any generation there will be a cultural difference”.

-Warsame, Male, 46, Somali (Grandma has FGC, but his Mum, sister and wife do not)

“I really doubt that anybody like our generation like the 2nd generation will do it (FGC) to their children and like carry it on like which is a good thing but I just feel like my sort of generation were...our parents you know like weren’t born in the UK erm I feel like we’re the ones that suffer because we obviously have the parents who strongly believe it’s the right thing to do”.

- Amiina, Female, 21, Somali (Has FGC)

7.5 Summary

This chapter has highlighted how FGC impacts women’s perspectives of their bodies, it identifies that women feel their bodies and sexuality are impacted by FGC. Some women expressed their lack of confidence due to FGC and felt disconnected from their genitalia and sexual intercourse. Many described the feeling of lacking something that other women had and how this could sometimes lead to relationship issues, furthermore many women

had poor health care experiences which also knocked their confidence. FGC negatively impacted women's sexuality and this described as one of the main purposes of FGC, some women also felt that cultural values, taboo and myths prevented them from exploring their sexuality. Women often reported a lack of interest in sex and stated it was more for the man's pleasure, some women spoke of using masturbation as a way to learn their own bodies and almost a tool of resistance in ownership of their bodies. The majority of participants recognised the negative impacts FGC had on sex for both men and women, some however stated that FGC did not impact their sex life or ability to enjoy sex as they had known no different.

Finally, this chapter has identified how FGC can play a role in the construction of three main identities; the identity of a woman, cultural identity and the identity of a victim or survivor. On the whole women felt that FGC made them feel incomplete and less of a woman due to not having a clitoris and the belief that they could not sexually please a man. Women often compared themselves to women who had not undergone FGC and called them 'normal'. Some women self-identified as victims, some as survivors and others struggled to identify as either. This identification with the terms victim or survivor seemed to be influenced by their experiences and attitudes.

Chapter Eight: Taboo and Choice

8.1 Introduction

The previous chapters (Six and Seven) discussed the justifications of why FGC is practiced and the implications that stemmed from FGC. A key part in the interviews was the fact that FGC was a taboo topic that was hardly spoken of or challenged individually, despite global campaigns and activism. Understanding how the phenomenon is framed as taboo allows us to have a better understanding of how it is embodied and why it may continue in the UK.

8.2 Taboo

During my conversations with respondents, 17 of them used the term taboo and silent in relation to FGC, and their inability to talk openly about the practice. Some suggested that FGC was necessary for the reasons discussed in chapter Six such as controlling sexuality and identity of being a woman, and to not have it would be taboo, whereas others argued that it would actually be a taboo to have it done now, especially in the UK as attitudes were changing and people were more aware of the implications as discussed in the previous chapter (Seven), this will be discussed further in chapter Nine. It was common, for example, for participants to claim that it was taboo for men to speak to women publicly about the phenomena, overall summarised as a cultural taboo.

“Yeah it is a taboo issue isn’t it, like if you don’t have this you will be outcast you know”

-Hani, Female, 34, Somali (Has FGC)

“Woman have the full story, especially older woman, have the full story, in Somalia men are not, in my time or before it was taboo to discuss about

*woman affairs *laughs* it was taboo. I think because it is, now before if you are not, if you (did not) have this it was taboo but now it's the other way it's the other way this (FGC) is taboo to have it. Why are you doing this to your child? this is old fashioned, this is this, this is that, people talking to you"*

-Dalamar, Male, 58, Somali

Dalamar illustrates how, in his country of origin, it is taboo for men to talk about women's issues and, in particular, how this has changed over generations and more open to talk about in the UK. However, he also suggests it would now be taboo to have FGC and that people are likely to ask you why you are performing it. However, taboo and subsequently silence around FGC, meant that for many women disclosure, of having FGC was difficult or impossible. Indeed, the silencing of women's voices, forced upon them by cultural and structural factors, seems to be key part of why FGC has been allowed to prevail.

8.2.1 Silence

Women suggested two main ways that silence of FGC was encouraged; firstly culturally, by expectations of being quiet during the cutting and not discussing FGC after particularly with men. Secondly, structurally by the UK law which induced fear of being criminalised, this was thought to prevent women from accessing health care, which will be discussed in more detail below.

"Obviously you can hear the screaming and stuff and like, they tell you not to scream because you know, but like what can you do because it's painful... I was expected to stay quiet about it for like nearly ten years"

- Zafeera, Female, 19, Sudanese (Has FGC)

Zafeera highlights here how she was expected to stay quiet at the time of the cutting but also for many years after; a common narrative for the women throughout my study.

This silencing of the phenomena similarly applies to men since, culturally, it was not seen as appropriate for them to talk about FGC and they were not always verbally told when it would happen in their community. For example, both women and men found it difficult to talk about FGC which impacted marriages, although some did talk despite this difficulty.

“Yes, we do talk about it all the time now we do talk, with my first marriage I never did because I was really psychologically damaged at that moment. I could not talk I was like ok this is it, but now I am ok and openly we talk, and we can have longer conversations about that, but we do talk openly about it and what we think about it and our views and things like that”

-Samira, Female, 36, Guinean (Has FGC)

“It’s like... let me say it this way when I had it done to me it was like somebody had injected taboo into my system, that it’s a taboo to talk about it so it was not something, I did not even tell my sisters or my brothers who I play with every single day. I never told them, I never told, my sisters did not even know that I had been circumcised until two years ago”

- Abeni, Female, 37, Nigerian (Has FGC)

These responses demonstrate how women found it difficult to talk to men, both in their families or to whom they were married. Abeni also found it difficult to tell her sisters who had also been through FGC since, the description of taboo being injected into her system, could be interpreted as further feelings of lack of control.

Some women also found it difficult to talk to their parents about FGC and in particular de-infibulation before marriage as this was also a taboo topic, as it was assumed it would lead to sex before marriage.

“Erm no, I did not tell my parents obviously because it’s a very taboo subject and it’s like you can’t talk about it basically and it’s like erm if you want to have it done before you get married it’s like well you’re going to go off and have sex which is another thing which is like taboo”

- Amiina, Female, 21, Somali (Has FGC)

Thus, for some, it was believed to be culturally inappropriate to speak to elders about the practice in an unsupportive or challenging manner as this was seen as shameful and a bad representation of the family.

“I haven’t been able to bring it up yet that’s the thing in our culture like sometimes you just have to stay silent, because you just have to obey the elders and they have authority and they know what’s best for you. So, if like I was to bring it up then I would be shamed...it’s just one of those things that nobody talks about, like if I was to, like I plan to go Sudan next year like if I talked about it they would feel like I’m attacking their culture, who am I to come and like tell them what they are doing is wrong they don’t even see a problem with it in the first place”

- Zafeera, Female, 19, Sudanese (Has FGC)

Here Zafeera highlights many factors that could lead to silence including, respect for elders, the belief that someone else knows what’s best for you, shame and respect, attacking of culture, western perspectives and cultural relativism.

Whilst several participants focused upon relationships as representing potential silencing mechanisms, others highlighted other phenomena as to why how silence and taboo were

common within their culture. Roza, for example, suggests that culturally women are not encouraged to talk, although being educated allowed her to speak more than other women.

“I’m not a good woman in my culture, not bad but not very preferred woman, because I got married to, sorry I erm I’m talking a lot, even among boys like man when they sit because woman not allowed to speak and sometimes we got problem with my husband he say why you speak it’s man’s sitting you are not allowed, because it more affect my like if they talk about the story she have been with this man and the family have to kill her and I said why what’s the reason why you are not killing the boy and then the girl so they looked at me like hmm. Like why is she talking first why’s she talking, not why’s she feels these things, why is she talking so but now it’s changed if I went back if I went to rural area urgh I cannot talk even my clothes should be different those clothes that tight all my body and not talk. But at the same time because I am educated, I am a little bit allowed to speak”

- Roza, 32, Kurdish (Has FGC)

Both for her and others, it was seen as inappropriate and insulting to talk about psychological issues with some claiming that they felt this prevented them from talking about FGC and the impact it had on them. This was also believed to be associated with a religious perspective as well as cultural.

“We think it is insulting when you talk about psychological things do you understand what I mean, for example mental health is not something that black people will say I have a mental health issue we deny it, because we think it does not exist it’s all in your mind it’s something we do not accept at all its like PTSD those things, we don’t talk about it at all certain things like how you are doing mentally so when women say they can’t talk about it now it’s done with its over even though some of them are really going through the affect mentally they are not going to say anything about it because religiously its taboo to talk about it that’s what they think”

- Samira, 36, Guinean (Has FGC)

Structurally, for some, the law was seen as protecting women from undergoing FGC as they feared prosecution, but this also prevented some from speaking out which sometimes delayed medical care. Some participants felt stigmatised by the law insisting that they were not criminals, and neither were their families.

“Erm the only thing is that because it is such a complex sensitive thing to talk about, what I want people to understand is that people who perform FGM like parents, they are not criminals they just do it because they think this is a way to protect my girl”

-Kusta, Female, 33, Gambian (Has FGC)

“We were told not to tell anyone here (UK), we were told if we tell anyone we would probably get in trouble by the police and our parents would get in trouble, so it was just like the family secret like no one was to know”

- Zafeera, Female, 19, Sudanese (Has FGC)

“They really don’t care about the prison sentence and stuff like that because they know they have got that security in which the girls that they are doing it to will not tell on them”

- Amiina, Female, 21, Somali (Has FGC)

“You have to be over 18 to self-refer yourself because if you come like under 18 then they obviously have to tell the social services and stuff like that, and a lot of young people don’t want to do that so it’s like you know just wait until you’re 18”

- Amiina, Female, 21, Somali (Has FGC)

Here Amiina talks about how she waited to get medical help until she was 18 because she was worried about being reported. However, this silence could potentially delay health

care that could positively impact women's quality of life and psychological well-being. Nonetheless, both Zafeera and Amiina highlight how the UK law influences the silence around FGC and could be used against them by family members to ensure their silence.

It appeared that being a resident of the UK changed the perception of needing to be silent about FGC. For example, women who were born in or grew up in the UK felt that they could talk more openly about FGC, as they had grown up in a country where you can talk more openly about your body and sex, and others described how they had never spoken about FGC until they came to the UK. However, in contrast, being in the UK allowed some women to not talk to their children about FGC which is something they seemed happy about.

"I think in terms of FGM, I think we do, I think we just openly talk about it, whether its marriage or FGM or anything else you do talk about it, but obviously it's a bit more taboo with the parents really I guess it's a bit more awkward conversation with them, whereas friends and your social group we just chat because we grew up in a country where its normal you just talk about these things we just grew up with it we just talk about it, we just happen to be of a descent where they don't really speak on it much"

- Xalwo, Female, 22, Somali (Does not have FGC)

Another point raised was the way they were viewed as westerners by members of their communities outside of Europe and the impact this had on their ability to talk about FGC.

"I just don't think there would be any of my relatives that would like would, if they did do FGM they would keep it like a complete secret from her and everyone else just because she would just warn them off"

- Omari, Male, 25, Sudanese (Mother and half-sister (father's daughter) have FGC)

Here Omari speaks of the power and influence his mum is perceived to have in Sudan because she lives in the UK and is a social worker here. This response suggests that there could even be silence within communities once they voice their political and personal stance on FGC if they do not agree with it. The quote below by Zafeera demonstrates a similar view of FGC happening at home in Sudan and the perception of them getting those at home into trouble.

“Apparently, it’s still happening but then nobody tells us, like it’s a case of we have to go there and when we’re there they don’t do it because they know they can get in trouble and stuff, so it’s one of those things that nobody talks about and you know about it if like you’re there”

- Zafeera, Female 19, Sudanese (Has FGC)

8.2.2 Personal reasons for staying silent and resisting

Whilst women appeared to be very much influenced by family, they also had personal reasons for being silent about FGC which included: fear of being judged and ridiculed; concerns about people judging their families; and the psychological and emotional trauma of speaking of FGC.

“You know my happiness has kind of been taken away for quite some time, but you see that’s something I never spoke about, and anytime I would hear people talking about FGM I would just walk out of the room you know I hated even the mention of it and it took me about 15 years to really come to terms with it, I would never speak deep into my own personal experiences”

- Aluna, Female, 41, Kenyan (Has FGC)

“After it happened I was expected to keep quiet and then even in school when people would talk about it I’d just be quite in shame and humility like, because I felt like people would judge me really hard for getting it done, and I love my parents and they would judge my parents for being bad parents for letting it happen and stuff. So, like I’ve never really been open about it so then it’s only recently that I’ve been like there’s no point in me staying quiet because it’s not right and it can’t be justified in any way for it happening to me”

- Zafeera, Female, 19, Sudanese (Has FGC)

Both Aluna and Zafeera noted that, over a long period, they felt they were not able to openly talk about FGC, but eventually, realised the need to speak out with Zafeera in particular noting that her silence cannot justify what happened to her.

Others claimed that they had ‘forgotten’ about FGC after the procedure until they were older, mainly because they did not experience any issues with it and, therefore, did not feel the need to speak about it. Whilst some women felt they had embodied the practice which meant that they did not think about it anymore.

“When parents especially tell you not to tell anyone about any of these things because this would happen or that would happen, erm you would hold onto that secret and after some time it will no longer become a secret it will just pass, you would not think about it you would not talk about it anymore it will just become part of you and nobody would ever pick on it until the day that you go into hospital and they have to do visual examination”

- Abeni, Female, 37, Nigerian (Has FGC)

Abeni alludes to the embodiment of FGC when she states that it will *'just become part of you'*, this is encouraged by the fact that it is seen as taboo, so women do not talk about it until necessary, for example at the time of intercourse or even childbirth.

Some women suggested that their way to overcome this and to resist being silenced was to go to support groups, this was also one of the motivations for some women to take part in my research.

"I think our survivors club has been really successful in terms of giving the women the confidence to talk about it to their husbands, to their children, their own community, and you know I always get that you know fulfilment that it's meaningful for the women who have carried this for years and years and never had the chance to actually speak out or you know just open up about what happened to them or meet with other women who have gone through it"

- Aluna, Female, 41, Kenyan (Has FGC)

"That's what I'm trying to break here that's why I say let's talk about it lets break the silence it's happening you know that's why in the group they say how can you think about something like this I said because I would love to talk about it it's a healing to talk about things"

- Samira, Female, 36, Guinean (Has FGC)

However, some women stated that talking about FGC did not help them and actually caused more psychological distress than good.

"The thing is with someone they keep ringing me it's not a one day thing, they will ring you and talk about it again and talk about it again and even though I'm telling you what the problem is if you had said to me, not you personally but the people that are calling me, how are you supposed to get

it out, but I'm open to talk to you because you're studying it and one day maybe, I don't know what will come out of it you might be a doctor one day and you might try and help people like myself look normal again I don't know"

- JoJo, Female, 40, Gambian (Has FGC)

"I've had all that but I contacted my GP myself and someone phoned me they called me over the phone to talk about it and everything, but the more I talk about it to them because they're not helping me, they're not helping me with any of it, I'm just talking about it and crying and upsetting myself you know I would rather see someone do something about it not just ring and say oh it's ok you will be fine. It's not fine"

- JoJo, Female, 40, Gambian (Has FGC)

Noting the psychological impact, JoJo, explains her experiences of counselling and how she did not particularly find it useful to talk about FGC as there seemed to be no practical solution. She also discusses her openness to talk to me in the hope that I will be able to help people, these issues are discussed more in chapter Five.

In contrast, women resisted staying silent in order to help themselves and other women, this could be viewed as active prevention of FGC.

"I was really lucky because I think for me what pushed me to gain all that confidence was to know my nieces would be saved, for me that was one of the happiest moments you know of my life honestly because I love those girls so much"

- Aluna, Female, 41, Kenyan (Has FGC)

"Well because like what happened to me it happened about a decade ago now, but like I've been silent about it most of my life, and I was thinking

I'm not getting anything out of staying silent so yeah and I want to help by like providing my experience"

– Zafeera, Female, 19, Sudanese (Has FGC)

"I don't like to talk such things, but I like to help students when they are finishing university whatever they need I would like to help that's why I am doing this"

- Bilan, Female, 49, Somali (Has FGC)

In noting the importance of resistance, Aluna talks about the protection of her nieces from undergoing FGC, which was the motivation for her to gain the confidence to talk to her family about the impact FGC had on her and how it should not continue. Many of the women such as Zafeera and Bilan, discussed similar feelings of wanting to prevent FGC and said that this was the reason they spoke out about FGC, which was another motivation for many of them to participate in my research.

8.2.3 Disclosure

To whom women choose to disclose about FGC, and how much they disclosed, varied. For example, some women discussed their disclosure of FGC to partners, friends, family and medical staff. They also spoke of the emotional and psychological difficulties of disclosing how they had undergone FGC and, overall, the reasons to disclose had to be beneficial to them; if there was any sense of potential shame or humility, they were less likely to disclose. Disclosure was mainly for protection against FGC or when seeking care and disclosure of views against FGC particularly to other community members was rare as people feared making a political statement at the cost to their culture. This meant that women were more likely to be open with outsiders as they felt they could say it was wrong and be met with a sympathetic ear. It was also assumed that women from older

generations all had FGC meaning they were less likely to be confronted with being asked to disclose if they had FGC compared to younger women.

Some women spoke of two different types of disclosure; that of a voluntary nature and that of an in-voluntary nature such as public celebrations and medical examinations.

“They knew yeah, we have to tell and then they come one day visit you and you’re not outside for a while so everybody knows, you know when you have it done so you can’t hide”

- Hani, Female, 34, Somali (Has FGC)

“So first the girl has to disclose it and then secondly you have to assess to see if she has had it done, but I mean the clitoris is not something they wear on their forehead it’s very hard to know when it has been done to them, and by the time they come back from their holidays or by the time they heal from the wound they don’t talk about it anymore”

- Abeni, Female, 37, Nigerian (Has FGC)

Hani highlights an involuntary disclosure, where people in the community automatically know you have undergone FGC because you are not outside, and they are invited to come and visit you. Abeni highlights both the voluntary disclosure of the girl disclosing it but the problems that come along with that and the tension of not wishing to talk about it anymore.

Disclosure to partners was sometimes at the beginning of the relationship and sometimes women choose not to disclose at all; particularly, if it was not visible that they had undergone FGC. Some women found it difficult to raise the topic of FGC and worried about men’s reactions.

“I’ve obviously always been open in relationships I had and erm before you know I get into a relationship I would out it on the table and say, and actually funny enough when I started my few relationships the first one said most men would not even know I’ve had FGM, and I think some you know from even research saying some of the medical health professionals can hardly erm detect certain types of FGM because erm it’s just a tiny bit of the clitoris, but a bit would still be there but for me it was something that I wanted to make sure that I discussed like with my erm with my fiancé, that was the first thing we spoke of when we got into a relationship and then that was when you know you kind of, it helps you to cope with anything you know the difficulties”

- Aluna, Female, 41, Kenyan (Has FGC)

“No, I did not have to tell him because I did not have a big thing that he can see the Sunnah you can’t see anything, so I did not have to speak to him about it”

- Amburo, Female, 31, Somali (Has FGC)

“Sometimes you don’t know where to start because you don’t want it to be the main thing for the man to think you’re insecure about it, but you just don’t know where to start, because if you keep quiet about it then it’s like you’re lying to him but then in your head you don’t want it to seem like a lie because there’s nothing wrong with you”

- JoJo, Female, 40, Gambian (Has FGC)

JoJo highlights some of her fears around disclosing FGC to a partner early and alludes to the belief that, despite FGC, there is nothing wrong with her, she further highlights the tensions between lying and seeming insecure about it or making it seem like a problem. Amburo, on the other hand, did not tell her husband that she has undergone FGC and did not suggest that he noticed any difference or was aware that she had undergone the

practice. Aluna appears to have some confidence in disclosing to partners and has not seemed to experience any problems in doing so. These different approaches to disclosing in relationships around FGC highlight the breadth of experiences and tensions that women may face.

Before getting married some men asked for disclosure on FGC from their wives to be or her family, others did not ask and waited until they were married but felt it would be better if she did not have FGC.

“No, it’s not a big issue but erm after you married, and you meet each other I ask, and that’s ok I mean if she did not make Xatena (FGC) before it’s better yeah, but if she did that my friend some of my friends complain about this issue”

- Zend, Male, 32, Kurdish (Sister has FGC)

“I did not know of the issues and I asked the family in particular and said you know is there any issues with this (FGC) and they said no and none of them had this as well. But I know of my cousins and I did not discuss this actually with my cousins, but I did discuss with my cousin brothers and I said this came about when one of them was getting married, so I said you know somebody needs to look into this and I said I know my cousin had this but have you kind of advised that you know do not consummate before you go to see a doctor and he said it is something that you have just told me now but it is something I need to advise you know his mum and dad, particularly his mum and I think he went away and you know got it all sorted”

- Warsame, Male, 46, Somali

Zend suggests here that it is ok to ask the woman about FGC after they have got married and that it would be ok if she had FGC but would be better if she did not, whilst he would not ask for disclosure before marriage it is clear from the quote that his friends have disclosed to him that FGC impacts their marriage, which could shape his experiences and perspectives.

Disclosing to family, friends and the wider community was also something that the women discussed.

“Men will come up to me and ask if I’m normal or cut... Other family members will ask and I’m shy, so I will lie and say yeah I have been cut”
- Uba, Female, 26, Somali (Does not have FGC)

“Never like that’s the thing no one suspects a thing because like being brought up and raised in the west people just think it’s, maybe I’m generalising but it’s only an issue that happens in Africa and like south east Asia, like if I was to tell my friends now they literally would not believe me because it’s such a like, yeah people don’t realise that’s the thing”
-Zafeera, Female, 19, Sudanese (Has FGC)

“They are not to announce it because as I told you it’s like a hiding practice but if they ask it yeah you can tell them that yeah she did it”
- Roza, Female, 32, Kurdish (Has FGC)

Uba describes how she is shy to tell her family that she has not had FGC so will lie and say that she has, this further highlights the dilemmas around disclosure. Zafeera highlights how she did not think her friends would believe her because she was born in the UK, so she did not disclose it to any peers. This shows some of the different conflicts around disclosure and some of the barriers to disclosing.

Many women who had undergone FGC choose not to disclose to their children, but a few of the women were open with their children and told them.

“She was a bit embarrassed and she did not want to talk about it but my mums an open person, so she wants to talk about everything”

- Omari, Male, 25, Sudanese (Mother and half-sister (father’s daughter) have FGC)

“My daughter was surprised when she heard those things, I won’t tell her, and I don’t want her to know I had this thing”

-Amburo, Female, 31, Somali (Has FGC)

“She (her daughter) knows about FGM but I did not tell her that I have it, err she never asked me, but I don’t mind if she knows”

-Bilan, Female, 49, Somali (Has FGC)

There were mixed views around disclosing to children and there was not a lot of discussion around what was behind their decision to disclose or not.

8.3 Choice and agency

Women who had FGC stated there was no choice and that ‘choice’ was an illusion as there were consequences for not undergoing FGC, such as bullying and having to move to another village. Women often highlighted that they desired to run away to prevent the practice from happening, but there would be severe consequences to this such as bringing shame to the family. It was believed that choice around performing FGC increased when living in the UK, which will be discussed further in chapter Ten.

It was believed that choice was physically taken away from them and that the power of choice was not in their voice, for example they could not just say *‘I do not want to have*

this done’ to prevent them from having it. Some of the older women felt that young girls made the choice to have FGC as they verbally asked to have it, but other women argued this was not an informed choice. Informed choice was seen as having the chance to express concerns, understanding the procedure, the impact and consequences, which women felt they did not have; they also linked it to age which is discussed below.

“It’s a tragic thing to happen to you as a child when for example, you’ve not even been given an opportunity to express concerns or you don’t even know what is going to happen”

-Aluna, Female, 41, Kenyan (Has FGC)

“Even as a kid if I said I want to get this done like I’d prefer it if my parents would have said no for my own good, yeah because it makes you incomplete in a sense and like I didn’t have a choice even though my mum said I came and said I want to get it done, but what would an eight-year-old know, like when my auntie convinced me I didn’t realise the extent of how painful it would be or like where it would happen to me ”

-Zafeera, Female, 19, Sudanese (Has FGC)

“I could have said to my dad I’m not doing this thing but that’s just me talking, there’s two women heavier than me pinning me down and as a child you cannot really say you don’t want to do it because you don’t even know what they want to do in the first place”

- Abeni, Female, 37, Nigerian (Has FGC)

These quotes highlight some of the women’s beliefs around what choice is and why they believe that they did not make the choice to have FGC. Zafeera in particular highlighted the conflict between her apparently asking her mother to have it done and actually being aware of how painful FGC was and where it would happen.

The majority of women also highlighted that the choice of children undergoing FGC was not seen as solely the parents and was also linked to the wider family and community, this was seen as part of their responsibility.

“Although the father and mother don’t like it, they have to do it there is no choice, you have no choice yeah”

-Baraknado, Female, 50, Somali (Has FGC)

A final point discussed in relation to, choice was age, FGC could be performed at a particular age depending on the culture and it was sometimes done as an initiation process in some cultures but not in others.

“For me I was 11 years and my mum just told me one morning you know it’s time for you to become a woman”

-Aluna, Female, 41, Kenyan (Has FGC)

This quote by Aluna was typical of those that described FGC as a process of becoming a woman and this was not commonly linked to the time of menstruation.

Age was sometimes seen as a measure of a girl’s innocence and FGC at a young age was seen as a way to protect this innocence by removing sexual urges. It was also suggested that it was done at a young age because their body awareness is low and adult feelings and maturity of the body can then be prevented.

“I mean like in home countries some girls will be adult in eight years old or nine years old, I’m saying it’s kind of cutting maybe to get rid of being harmful or to get rid of erm what’s that called to have sexual feeling at that age”

-Raman, Male, 36, Kurdish (Wife has FGC)

It was believed to be done at a young age as it is viewed as an important part of formation of identity and social groups. It was also said to be easier to influence young girls as they would get excited and they are easier to manipulate and there would be more resistance when they were older. It was also suggested that they would forget the pain if done at a young age and would grow up used the appearance not knowing any different.

In addition to this narrative of choice surrounding FGC, there were claims by some of women not feeling that they had complete agency, freedom or the ability to exercise full authority over their life due to society and cultural pressure. This included freedom to dress how they wanted, to explore physical and sexual freedoms, freedom from pain due to FGC and the choice of reversal, freedom of speech and the freedom to not identify with the religious and cultural identities they had been given. There was further indication that perceptions of freedoms changed under different circumstances such as being in the UK, marital status and economic power.

“Yeah they just feel like after you had that (de-infibulation) then you’re free to do whatever you want basically... they want to control that, especially you know your sex life or whatever... just you being a Muslim would stop you from doing that (having sex before marriage) because that’s what your religion tells you to do, but culture feels like they need to physically stop it by closing you up which is crazy”

- Amiina, Female, 21, Somali (Has FGC)

Amiina highlights that some of this fear over girls being ‘free’ relates back to virginity and sex before marriage, interestingly she claims that religion would prevent that anyway and that culture is the reason for FGC.

Women also see resistance as a choice that they could make in relation to FGC such as body piercings, reconstruction surgery and de-infibulation, as well as having a positive mindset about their future and sexual relationships. Participants also noted a difference between adults getting piercings for cosmetic reasons and type four FGC.

“If a western women was to do it (genital piercing) then most of the time it would be her choice nobody would have forced her, and she would have to be over 18 so it would be a consulted choice if that makes sense... so like they can do what they like I guess because it’s their body... if a woman was to do it back home like out of her own choice, then you would have to take in the cultural factors and cultural pressures”

- Zafeera, Female, 19, Sudanese (Has FGC)

“I have heard some adults that are mutilating their genitals, or their ears, or their breasts, or their belly button, whatever it’s up to them it’s their body you know, its adult an adult person you cannot stop adults what they are doing, but to impose very bad habit to the children that is much worse”

- Dalamar, Male, 58, Somali

“I felt very, very, insulted when genital piercing was classified as FGM and when redesigning your vagina was also classified as FGM. I don’t think there is anything wrong in westerners going to pierce their clitoris or whatever part of the body they want to pierce, it’s a case of decision and it’s done to beautify the place. It’s very different to a child being pinned down and cut off without her consent, you know you’re giving her something that she’s not asked for as opposed to a full-grown woman going into a shop to say I want a ring putting in here or there or there you know...I could not believe that they were putting me with everything that I went through, with all the emotional stress all the anger...all the change in my body...and they put me in the same classification as a woman who goes to pay money to have her genitals pierced...I don’t believe it’s a double standard I just believe it’s absolute bollocks that’s where I stand”

- Abeni, Female, 37, Nigerian (Has FGC)

Here Abeni in particular discusses the dilemmas around type 4 FGC including piercings and the way this made her feel in relation to her own lived experiences of FGC. Women getting genital piercings was quite clearly viewed as a choice in comparison to girls and women undergoing FGC. This could add understanding to the ways in which FGC is made sense of and understood in the UK, when the majority of women have not undergone FGC but may be seen to undergo other genital practices, to enhance their sexual pleasure, for example.

Chapter Nine: Conflict and how the practice is changing

9.1 Introduction

The previous chapter (chapter Eight) considered how the phenomenon of FGC was framed as being taboo and many women felt that they had no choice in undergoing the procedure. Some also highlighted that their parents had very little choice due to cultural expectations and pressures. This chapter will consider how this may have changed in the UK and across generations. It will summarise the changes and tensions participants believed existed around FGC, identity and beliefs, which are believed to impact the way the phenomenon is changing. This will be presented under two headings; Generational changes, and the impact of migration.

9.2 Generational changes

Generational changes were reported in cultural values and beliefs, which subsequently extended to a change in beliefs around FGC. For some, rural and urban living appeared to have changed over generations, which was believed to not only impact gender roles, values and beliefs but also the type of FGC that was performed. This also brought with it changes in clothing and careers with older generations describing how they feared children were becoming too westernised and how they tried to keep younger generations in touch with their culture; a point picked up by Chiku:

“Do you think our children will follow our culture? They won’t, they see it as craziness, they won’t even want to be identified with it, it’s just changing even the people who move from their villages they move to Nairobi or move to other cities they don’t they just leave it (culture)”
-Chiku, Female, 32, Kenyan (Does not have FGC, but older sisters do)

For others, the older generations were claimed to have a stronger and solid sense of cultural identity with less change, whereas the younger generations were seen to be more adaptable, liberal and fluid. It was, for example, believed by some, that older generations of UK Somalis would still have their strong roots in comparison to the younger generations.

“People are starting to... get into the urban culture, and maybe start practicing the culture of let’s say the modern culture... as far as the young generation is concerned, I think they will all be the same they will adapt to the culture that is around them so fast because they are quick learners”
- Cabdi, Male, 34, Somali (Mother and sister have FGC)

These changing perceptions are similarly characterised in ways that may claim, that the type of FGC has become less severe and it was believed that this could make it easier to eradicate.

“At least because if you have that level (type 1) it’s easier to eradicate than if you have the third level which means three generations to go”
-Simku, Male, 42, Kurdish

“Women before me, the initiative that women before me actually made, and then indirectly it influenced my mum and because of that I’m a product of that, and look a few years before that my sister was subject to type 3 you know sever type FGM”
-Hani, Female, 34, Somali (Has FGC)

For Simku, it appears to be easier to eradicate type one FGC in comparison to type three which he suggests would take three generations to eradicate. Hani also highlights that she experienced a less severe type of FGC as she was not infibulated and how this had changed in just a few years.

Noting the extent of the generational changes, many claimed that men's preferences surrounding FGC meant they were less likely to desire to marry a woman who had undergone the procedure, particularly men in the UK. Older men were seen to understand FGC in comparison to younger men, which suggests a change in attitudes and beliefs over generations. The impact on men's sex life was also believed to influence change in the continuation, this has largely been covered in chapter Eight.

"Now the generation is changing, now men do not want a woman who has been through FGM"

-Samira, Female, 36, Guinean (Has FGC)

"At this time, they love to marry them, those that are not circumcised, yeah they don't want it anymore"

-Casho, Female, 40, Somali (Has FGC)

Some participants explained how FGC had completely stopped in their family and their younger sisters or daughters had not undergone FGC; a claim supported by the older women in the family such as grandmothers, mothers and aunts.

"My mum being educated more now she knows, she understands totally, she is fine with it, I have a daughter you know, and she knows it is not right...and she embraced that"

-Hani, Female, 34, Somali (Has FGC)

"Actually, in our family we stopped it years ago, so no one does it anymore in my family but erm, I've got nieces one of them has just recently had baby she's about 25 years old she hasn't had it done"

-JoJo, Female, 40, Gambian (Has FGC)

"I had it, but my younger sisters did not have it, mine was easy it was a Sunnah one...my mother was following the culture and she just wanted to do it, but she did it with me but not the younger ones, they are lucky"

although it was very easy for me I never had any problems, but I don't like it"

-Casho, Female, 40, Somali (Has FGC)

"I think this generation don't want to circumcise their girls now, but I think people in the past, for example our mothers or maybe people in older generations, they do that, but in some areas, especially in our area they did that, but I think in some cities in the past they left it"

-Zamo, Male, 35, Kurdish (Sister has FGC)

These responses demonstrate the extent to which attitudes towards FGC are changing over generations – a social or cultural shift largely linked to education and a change in geographical location by participants.

9.3 The impact of migration

In trying to establish the part, if at all, played by migration on experiences of FGC, many participants self-identified as British since they had lived in the UK for such a long time and yet, still maintained their cultural values. There was, however, general consensus that those who were born in or who grew up in the UK did not want to live back 'home', whereas those who migrated were more attached to 'home', with regular communication, holidays and sending money to help, it was believed this continued attachment could simply be re-enforcing FGC. Some participants identified a dual heritage or nationality, with an attachment to home and expression of cultural identity, but also identified with some western values. They highlighted the tensions present of UK life and cultural life, for example Dinka described this as a struggle between modernisation and modesty.

“My mums so funny... I feel like she’s in this struggle where she’s trying to be like a modern western mum and she’s still trying to reserve her modesty”

-Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

“The young people they don’t know like especially like the ones in the UK because they got like the UK life and they got the cultural life”

-Amiina, Female, 21, Somali (Has FGC)

The two quotes here seem to suggest that the two characteristics of modernisation and UK life, or modesty and cultural life, are mutually exclusive and therefore cannot be combined.

There were often clear distinctions between what was westernised and what their own cultural values were, westernisation or adopting western values was viewed as both negative and positive. Whilst three participants appeared to reject the idea of westernisation and instead identified an experience or exposure to western cultures, many participants described integration and westernisation as educated, wearing western clothing, being open minded and being detached from home. Men who were perceived as westernised were described as modern and good, who could then go ‘home’ and help make improvements. Women on the other hand if seen to be westernised, were described as brainwashed with a poor western mentality and mocked for believing they knew everything.

“I feel like people... in rural tribes will look at me like oh this girl has gone to Britain, she thinks she knows everything she comes here and tells us about our thing (FGC), people definitely hold onto their practices a lot, so I think people will look down and think who does she think she is”

-Dinka, Female, 20, Kenyan (Does not have FGC, but mother does)

“My mum said that my dad hates the idea of it (FGC) so there was no pressure, but it was interesting because the rest of the family followed suit...my mum and dad have obviously been in the UK for the last 30 years and so I don't know how much of an affect that had on it and I don't like using these kind of terms, because it makes it seem like the people over there are uneducated... but just the benefit of not just a formal education but an education of meeting people from different cultures and questioning what's right and wrong”

-Omari, Male, 25, Sudanese (Mother and half-sister (father's daughter) have FGC)

“So modernised men, who are good, westernised, and all that, they help their partner through it going to clinical things if there are any psychological things happening to them help them with that which is a good thing and that is happening quite a lot now yes”

-Samira, Female, 36, Guinean (Has FGC)

“I might wear a hair scarf, but we were even celebrating Christmas because like my children friends were all Danish you know so I didn't want to alienate them, so they could be Somali and Muslim... we were going... Halloween those kinds of things we used to sugar treat... my children used to look forward to it we were like normal family you know”

-Hani, Female, 34, Somali (Has FGC)

Hani uses the term 'normal' when describing their participation in festivities they would not traditionally celebrate such as Christmas and Halloween, she comments on not wanting to alienate her children and promoting the combination of being both Somali and Muslim but also taking part in other practices.

Migration was linked with a number of negative connotations such as refugee status and stigma, change in gender roles and cultural identity, racial attacks and language barriers. Furthermore, some parents feared their children were becoming too westernised and losing their 'authentic' cultural identity. Likewise, some women expressed that they did not feel that they had as much freedom as they would have anticipated growing up or living in the UK.

"I'd say... my dad's like... he's integrated very well and then my mum likes to keep her traditions and be very religion orientated and she fears I'm becoming too western, like say my mind set and stuff because like I question a lot, but yeah I think that I'm not like my parents in a sense... During my school days like I didn't have the freedoms I would have anticipated, but now that I'm a bit older my mums more open to me doing what I like in a sense, but then I'm still like under her control"

-Zafeera, Female, 19, Sudanese (Has FGC)

The majority of people suggested that FGC was no longer happening in the UK or EU, but that people may still be practicing it abroad. This was, however, believed to be rare. It was expected that people would move to another country and learn that FGC was harmful, furthermore it was believed that because the host country did not practice FGC it made it easier not to practice it. Those who were born in the UK and still underwent FGC feared that people would not believe them, or they would be shocked.

"He was quite shocked to begin with because he's been my GP for a very long time and he never really thought I would have had it done, because I was born in the UK"

-Amiina, Female, 21, Somali (Has FGC)

Women highlighted how they were westernised and would not take their children abroad to have FGC and their parents would not ask them to, they also noted that they had grown up in a country where it is more acceptable to talk about your body and personal things allowing them to talk more about FGC and its impacts; despite coming from a descent where it's not talked about. One participant (Amiina) also highlighted how FGC was not beneficial to her because she lived in the UK but could understand why it might be beneficial in Africa.

"I live in the UK some girls living back in Africa maybe it's a benefit for them because... they can get married easier, or they can get accepted easier, or you know like whatever, it might make their lives easier for them, but with me it doesn't, so it's like it doesn't make it easy for anyone but you can sort of understand why some people in Africa have it done because if they don't they're like an outcast in their community... no way we would take our child to Africa and have that done, even if our mother tells us 20 stories, like I don't think that anyone who's educated could do that so she doesn't bother... because she knows we barely listen to what she says when she says it's right"

-Amiina, Female, 21, Somali (Has FGC)

"I have a daughter now and I don't want to do it, although my pain was very less, I just don't want to do it with my daughter, my daughter is growing up in a different culture and she grew up in a different place, and that place and culture the people don't know this thing (FGC)"

-Amburo, Female, 31, Somali (Has FGC)

Interestingly, it was suggested that migration to another area that also practiced FGC could change the type practiced but may not eradicate it, for example migration of

Somalis to Kenya was believed to increase the level of FGC practiced among some Kenyans from type one to three.

“If you look at Kenya for example, you will find all different types of FGM because if you look at the Northern part of Kenya, because of communities coming from Somalia, type 3 FGM is there, and you will find the communities there among the borders will practice type 3 FGM it’s a community difference”

-Aluna, Female, 41, Kenyan (Has FGC)

These quotes demonstrate a change in attitudes and practice around FGC, amongst other things for example clothing, celebrating festivities and openly talking about personal things. There appears to be strong beliefs that being in the UK makes it easier to stop FGC, although many participants suggest a change in attitude and beliefs starting in previous generations and possibly before families migrated to the UK.

9.4 Summary

This chapter has highlighted how generational changes and migration influence and impact the continuation of FGC. Generational changes were believed to be influenced by change in gender roles and a move to urban living. Another generational change that was noted was around men’s preferences of marrying women with FGC. It was often stated that younger men and men in the UK did not want to marry women with FGC, due to the sexual implications.

Many participants noted that there was conflict in gender and cultural identities when living in the UK. Migration was sometimes linked to negative connotations, which also seemed to have a gendered pattern. Women who were viewed as western were perceived as more likely to be brainwashed and have their sexual behaviours and morals questioned.

Men who were seen to be westernised on the hand were viewed as modern and forward thinking with the ability to help their community back 'home'.

There was general consensus that FGC was not being practiced in the UK as it was easier for women to decline as there was less social pressure. However, some women did highlight that being in the UK could cause more pressure from back 'home', as there was fear of cultural identity being lost and western morals being a negative influence.

Chapter Ten: Discussion and Conclusion

10.1 Introduction and overview of thesis chapters

This study aimed to explore the lived and embodied experiences of women and their perspectives of FGC in the UK; lived being how the body is experienced and embodiment meaning the process and state of the body (Holloway, Lucey and Phoenix, 2007). Alongside this, the study explored the perspectives of women without FGC and men from affected communities. In particular, it aimed to explore how women made sense of FGC and whether it represented an embodied element of their identity; meaning that they felt FGC was crucial to the construction of their identity. As well as aiming to establish why, of those women who have migrated to the UK, or whose family have a migrative background, continue to experience FGC.

As demonstrated in the literature review chapters (Two and Three), and my findings chapters (Six, Seven, Eight and Nine), FGC is a complex practice which is mediated and experienced in the UK in a number of ways. I will argue, by using the concept of intersectionality, that adding to the complexity of FGC, is the way in which it shapes multiple dimensions of identity, as opposed to simply being affected by them. I argue that FGC should therefore be considered as a dimension within the model and not simply have the model applied to it as a phenomenon. This discussion will comprise of a summary of my interview findings which will be conceptually framed and theoretically underpinned, in particular this will utilise the ideas of Merleau-Ponty (1945) and Judith Butler (1990), as discussed in chapter Four. The analysis of the data also brought to light additional useful concepts from Merleau-Ponty (spatial frameworks) and Butler (intersexed

children), which further support the feminist phenomenological framing of FGC. These will be outlined here to reflect that these were drawn upon post data analysis.

Applying intersectionality, this thesis demonstrates how multiple dimensions including gender, sexuality, culture and FGC itself, intersect causing additional subordination and exclusion (Crenshaw, 1989, 1991). I argue that intersectionality advances our understanding of FGC by highlighting for example, how experiences such as migration impact meaning-making around gender identities and the embodiment of FGC (discussed below). Finally, drawing upon the qualitative narrative accounts from the interview data, this chapter aims to illuminate the complex, fluid and mediated lived experiences and understanding of FGC in the UK. The term mediated here reflects how the dimensions in intersectionality and the phenomena of FGC inform, shape and interact with each other. When the understanding of one of the dimensions changes, such as gender, the overall understanding and experience of FGC can be altered. This chapter will be presented around three dimensions of intersectionality; gender alongside sexuality (the joining of the two is due to how closely entangled they are and how they mediate each other in relation to FGC, which is discussed further below), culture, and FGC which I argue should be viewed as a dimension. This chapter will sometimes refer to the lived and embodied experiences from women with FGC, and sometimes the wider community discursive commentary from women without FGC and men.

This thesis has introduced and contextualised the practice of FGC, both in the UK and abroad, whilst providing a closer look at FGC in Leicester, a city in the UK with a high population of FGC affected communities. It has engaged in debates and dilemmas surrounding FGC, alongside debates and tensions around appropriate terminology. A synthesis of the literature provided insight into the justifications and implications of FGC

which both shapes lived experiences and embodiment of the practice. The detailed chapter on theoretical and conceptual debates engaged in the work of Crenshaw (1989); Butler, (1990); and Merleau-Ponty (1945) (2014). Following this, the methods chapter described reflections on the process and theoretical underpinnings of this thesis. Four findings chapters were then presented with data from my 30 semi-structured interviews with women whom had undergone FGC, women without FGC and men from affected communities. Finally, this discussion and conclusion chapter brings together my findings, supporting studies and theoretical underpinnings. It will also summarise the findings and contribution to knowledge and make suggestions for future research.

10.2 Aims and theoretical underpinnings

The aim of this study was to explore women's and men's perspectives and experiences of FGC, and to examine how the practice impacts the lived experiences of some women in the UK. The research sought to establish why women who have migrated to the UK or have a migrative background, continue to experience the practice of FGC. It aimed to explore how women made sense of FGC and whether the phenomena represented an embodied element of their identity. My research was further guided by questions such as;

- In what way are subjective experiences of FGC based upon historical, systematic and standardised gendered divisions of lived experiences?
- Why do some women who have migrated to the UK or have a migrative background, continue to experience the cultural practice of FGC and to what extent they have agency and autonomy over such decisions?
- How much cultural value is placed upon the practice and performance of FGC and how does this produce or reproduce aspects of cultural identity?

As first discussed in chapter Four, alongside intersectionality, my work draws inspiration and insights from Merleau-Ponty (1945) and Butler (1990) to help understand how FGC might be interpreted and embodied, to inform and shape a gendered performance. For example, applying the work of Merleau-Ponty allows valuable insights into the lived experiences of FGC since he argues that our physical bodies, and how we intersubjectively interact with others, helps us to understand our presence in the world. Due to this, and evidently because FGC occurs on the physical body, it was described by women in my study in physical ways, mainly surrounding their sexual experiences, which is discussed further below. In addition to this, Butler's work on gendered performance provides a deeper understanding into why FGC has been described throughout my research as a way of performing gender within a given setting. Interestingly, by applying intersectionality we can further understand how this performance of gender becomes complex, when there are different norms and ideals present surrounding gender identity and the body. For example, women in my research who had undergone FGC stated that they felt like less of a woman when comparing themselves to western women who did not undergo FGC.

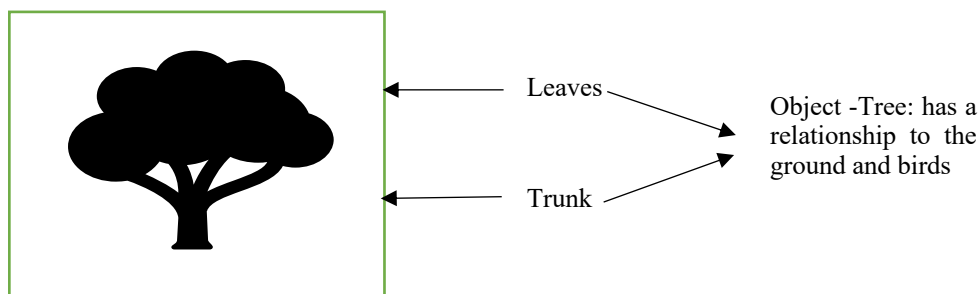
Considering the application of phenomenology from a theoretical point of view, whilst it represents a valuable lens through which to view women's experiences of FGC, it is important to note that it was developed in an era that wrote predominantly from the perspective of men, often failing to recognise that women's experiences were different (Fisher, 2000; Studlar, 1990 and Reinharz, 1992 cited in Mitchell and Baird, 2014). As outlined in chapter Four, Butler argues that phenomenology failed to recognise women's experiences, and her work along with other feminist scholars helped bridge the gap between the two competing perspectives. However, both phenomenology and feminist

theory consider many similar concepts such as embodiment, lived experiences, agency, and subjective experiences. Nonetheless, to my knowledge the combination of phenomenology and feminist theory, whilst having been applied to various other areas of research such as pregnancy and domestic violence and sport (as highlighted in chapter Four), has not been applied to FGC. Thus, drawing insight from both has allowed a deeper exploration of how lived and embodied experiences are influenced in particular by gendered experiences.

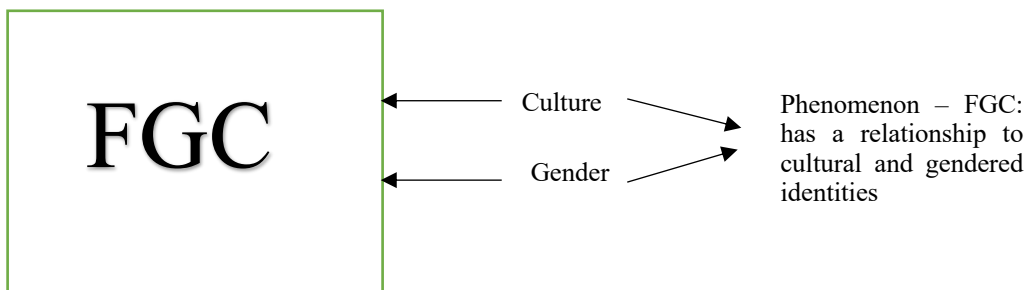
Additionally, Merleau-Ponty's ideas around situatedness and spatial frameworks support the concept of intersectionality and to my knowledge has not been documented before or applied to FGC. Merleau-Ponty uses the commonality of objective thought from Realism and Idealism, to highlight what he calls the 'lived through world' also commonly referred to as the lived world. He claims that the lived world is subjective as opposed to objective and covers two main points to illustrate this; determinate and non-determinate character of objects and the externality and internality of relationships between them (Hammond, Russell and Howarth, 1991). Objective thought claims there is a shared single spatial framework of the world, objects have a meaning with set properties and relationships, objects are fixed with boundaries and there will always be an answer to whether an object has a specific property or not. For example, a tree will always be seen in the same spatial framework in different locations, it will always have branches and be rooted in the ground. Objective thought, however, does not allow us to understand how different people view the object we call a 'tree', some may use it for shelter, some for food and others for wood.

Merleau-Ponty argues that we do not view the world in this manner and instead we should consider a subjective view of the lived world, one which he does not believe is a single spatial framework but varying spatial frameworks depending on the location and circumstances and one which he calls the human agents' specific field of action. The properties of objects and more widely phenomena are not believed to be fixed and instead are non-determinate and ambiguous, and meaning is not seen as casual. This approach not only helps us to better understand the varying views of FGC, specifically in the UK, but also between men and women and across generations, further complementing intersectionality.

The diagram below (diagram One) represents spatial frameworks and objective/subjective thought, the boxes represent the spatial framework.



Objective thought: Single spatial framework, clearly identifiable objects with set properties, casual determination, fixed or precise limits or boundaries, always has a definite answer to whether that object poses that property or not. It would not be able to account for different spatial frameworks or why they would be different, for example it would assume that both men and women see this as a tree with the same functions.



Subjective thought: Not uniquely located in a single spatial framework, but varyingly situated in relation to the human agents' specific field of action. It is not objective the properties are not fully specifiable or determinate and ambiguous. Relationships have meaning and reciprocal expression, not of casual determination.

If we apply the human agents' specific field of action to understand how the spatial framework is shaped, we can begin to see how different meanings of FGC are made. The cultural and political environment amongst other points can shape the spatial framework within different fields of action, for example the way in which ownership of the body is framed within the field of action, impacts how human rights are viewed and therefore how FGC is understood. For example, in many affected communities the body is often seen as communal and individual rights are often not considered, additionally in many of these countries, FGC is not against the law or has only recently become against the law.

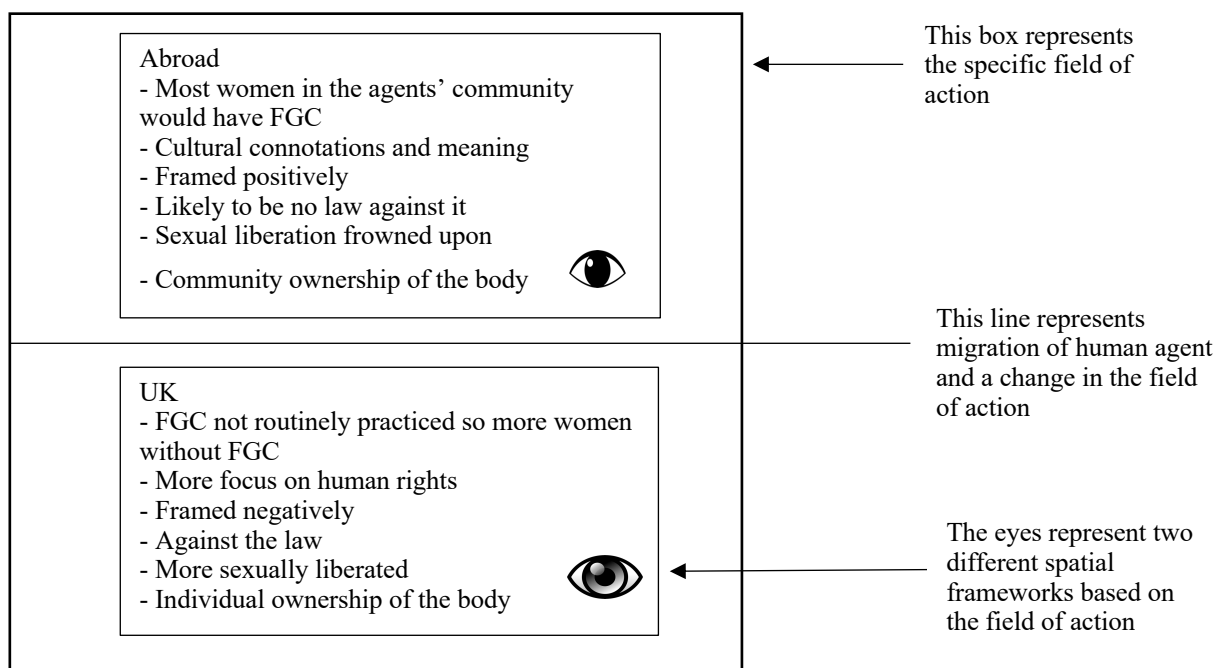
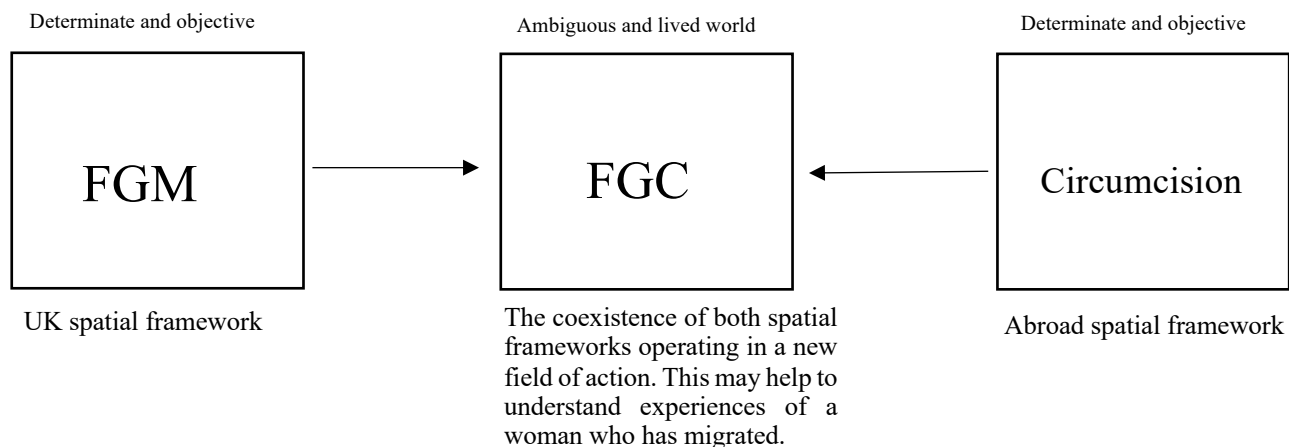


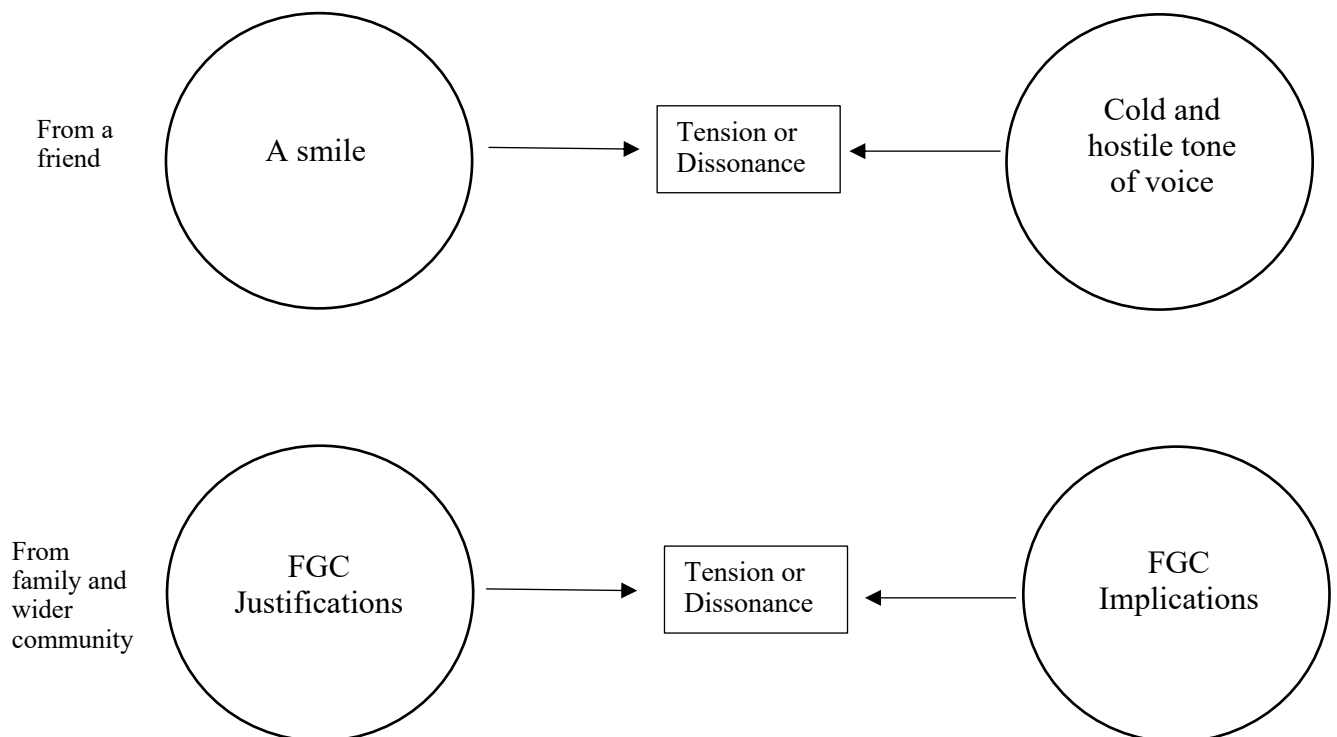
Diagram Two – This diagram represents the Human agents' specific field of action and spatial framework which are both impacted by the lived world and subjective view.

Furthermore, Merleau-Ponty suggests that due to this ambiguity of the lived world, objects are open to interpretation, this can lead to one object having mutually incompatible properties from the co-existence of both meanings (Hammond, Howarth and Keat, 1991). For example, the co-existence of the UK and abroad spatial frameworks on FGC are incompatible. If we combine the two spatial frameworks that may be present in the UK and abroad, we have the co-existence of both meanings and this could resemble the majority of the participants in my research. As demonstrated below (in diagram Three) this co-existence of both meanings from different spatial frameworks now operating in a new field of action, due to migration, helps to explain changes and different views to FGC, but also the complex and mediated experiences of FGC and identity.



It is important to note that in providing this example, it could appear without explanation that I am suggesting that changes of opinion/practice of FGC, can only occur in the western world after migration. It is crucial for me to highlight that by no means is this what the example is suggesting; but intends to highlight the difficulty of viewing such a complex phenomenon through one lens, which can make it difficult to account for complex cultural political navigations and negotiations.

Finally, Merleau-Ponty further claims that relationships are meaningful, expressive and internal, unlike the objective view of relationships which are deemed to be casual and functional. Objects that cannot be independently identified are internally related, whereas those that are externally related can be identified without reference to one another (Hammond, Howarth and Keat, 1991). An example of this was provided by Merleau-Ponty and extended by Hammond, Howarth and Keat (1991). This example discusses the meeting with a friend, upon meeting the friend smiles, however when they say hello their tone of voice is cold and hostile. These are two conflicting attitudes which are inappropriate to each other; this causes tension or dissonance. This can be applied to FGC in a similar way to highlight tensions or dissonance, for example, the family of a girl who has been subjected to FGC, receives positive reinforcement about the justifications for FGC, however this is experienced with various physical implications, leading to tension and dissonance between the two ‘objects’. This is demonstrated below in diagram Four.



In summary, considering Merleau-Ponty's concepts of spatial frameworks, human agents' specific field of action and objective view of relationships, provide a unique way to frame changing views of FGC in the UK; as well as complimenting the concept of intersectionality. For example, considering the multiple spatial frameworks from different fields of action could explain why FGC is still seen as relevant in the UK and not simply just forgotten about, because as Merleau-Ponty suggests it is possible to have multiple spatial frameworks. The spatial framework of FGC therefore alters in different field of action, which will hold different understandings of gendered and cultural identities. Merleau-Ponty's work would therefore encourages us to consider the subjective relationships between FGC and gender or cultural identities.

10.2.1 Adding FGC as a dimension in the intersectionality model

As outlined in chapter Four, intersectionality as coined by Kimberle Crenshaw, allows us to understand phenomena from the standpoint that different dimensions of our identity, such as gender and sexuality, impact our experiences and encourage us *not* to view these in isolation (Crenshaw, 1991). Intersectionality has been praised for its openness in both application and interpretation, and can be used as a theory, concept or strategy for analysis. Furthermore, it can be applied to understanding individual experiences of a particular phenomenon, their identity or social structures (Davis, 2008). Intersectionality usually concerns a number of dimensions for example class, ethnicity, gender and age, to demonstrate how, when combined, they each interact and intersect to impact and reinforce experiences of oppression. However, in relation to FGC this is somewhat difficult to apply in the traditional sense. For example, it is limiting to take the dimension of ethnicity, and demonstrate how this impacts the experiences of FGC, as it is not a homogenous practice that occurs to all women even if they are from the same ethnic and cultural

background. Therefore, it differs slightly to the ways you might for example apply intersectionality to understand experiences of racism and sexism in the workplace. Similarly, it cuts across all levels of class and occurs in both well-educated and financially well-off women and women from poorer backgrounds without official education. Due to the aims and limited space, this thesis has not focused on ethnicity and class, although I recognise the crucial role both can play in the phenomena of FGC, for example it may be argued that those in a higher class can navigate FGC differently such as the practice being medicalised or their higher status allowing them to set new trends of not undergoing FGC, as discussed by Cloward (2015). Likewise, FGC could be shaped and experienced differently for women with a mixed or dual ethnicity, whereby one side of their family practices FGC and the other does not. More research is however needed in both areas to better apply intersectionality, particularly as a tool for analysis.

In light of the complexity of FGC, I therefore argue that FGC is not only impacted by these dimensions, but also has a role in the construction and maintenance of some of them; concluding that it would be somewhat limiting to apply intersectionality in the usual way. Therefore, my proposal and original contribution to knowledge for using intersectionality as a concept to understand FGC, is that we adapt the way in which intersectionality is operationalised. So that we not only use the existing dimensions and apply them to understand FGC; but that FGC is actually incorporated as a dimension within the intersectionality framework. This is due to FGC having the same status and level of impact on identity and experiences of gender, sexuality and culture.

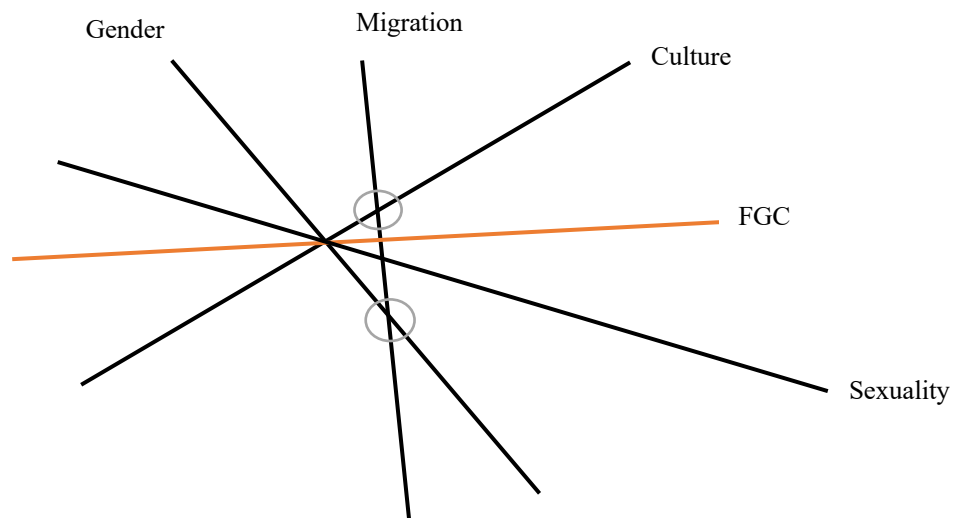
Adding FGC as a dimension demonstrates how, FGC not only impacts and shapes the other dimensions and subsequently women's experiences and identity; but equally how

women's understanding of the other dimensions such as gender and culture shapes the interpretations and embodiment of FGC. I argue that operationalising intersectionality in this way (by adding FGC as a dimension) advances our understanding of the complex and mediated experiences of women who have undergone FGC. This became evident when women described how FGC shaped and contributed to their understanding of their gendered identity and cultural identity which was equally shaped by their experiences of migration and dependent upon their age and sexual experiences. In conclusion FGC actually shapes some the dimensions of the intersectionality model as opposed to simply being impacted by them or being made sense of in isolation.

By drawing upon my interview data to illustrate my argument above, it was evident that the women who had undergone FGC and live in the UK, have a complex and negotiated relationship to their cultural and gendered identity. This is evident in the way they discussed tensions and resistance to the justifications and implications of FGC in relation to their body, sexuality and identity. This demonstrates an embodied resistance, as discussed in chapter Four, where the body is used to contradict cultural norms (Fahs and Swank, 2015).

Similarly, intersectionality may allow us to understand why women in my research at times felt like both victims and survivors. Whilst the general points about feeling like a victim related to the oppression of the act and not having no choice in it, feeling like a survivor often reflected to FGC being a cultural practice. By applying intersectionality, we are able to visualise at what point these identities may arise as the different dimensions intersect. For example, in the diagram below (diagram Five) we can see two intersecting points in circles over migration and culture and migration and gender. It could be argued

that it is at these points when new identities such as ‘victim’ arise as FGC is understood in conjunction with new understandings of gendered identities and a mix of cultural identities.



Furthermore, women who have experienced FGC and live in the UK, have to navigate the complexity of two different cultural and gendered identities. Using intersectionality can help us to understand the navigation of this and the impact on lived experiences and the construction of identity, which in turn shapes their understanding of FGC. For example, if we consider two women with FGC from my interviews, Baraknado who had type 3 FGC in Somalia at a young age and moved to the UK in her late 40s and Amiina who was 21, born in the UK and also had type 3 FGC in Somalia. Whilst Baraknado noticed that FGC was a harmful practice and did not practice it on her own children, she did not express that this had impacted her gendered identity (unlike like some of the other women who had moved to the UK such as Abeni). This could be due to her growing up and only being exposed to a gendered identity within her culture, which views FGC as a crucial practice, therefore as she migrated at a much older age the exposure to different

ideas and expressions of gender did not impact on her own identity. Amiina on the other hand who was born in the UK is more likely to have been exposed to different expressions of gendered identity which are culturally specific and felt that FGC had massively impacted her gendered identity. She described generational differences which are affected by migration:

“It’s like they all have their like ideal woman status in their culture whereas like the young people they don’t know like especially like the ones in the UK because they got like the UK life and they got the cultural life and it’s like they don’t know...you do feel like you’re not a woman in a way because you’re lacking things that you were born with that you would like need in a way to like have like a healthy sex life” – Amiina, female, 21, Somali (Has FGC)

Therefore, applying intersectionality allows us to understand how women's experiences of the same phenomenon, are shaped differently depending upon other dimensions such as migration, which can form new identities and oppressions. The following two subsections (10.2.1.1 and 10.2.1.2) discuss the findings from my interviews and demonstrates the relationship between FGC and the gender, sexuality and culture dimensions of the intersectionality model.

10.2.1.1 Gender and Sexuality

This subsection will discuss the relationship between FGC and the dimensions of gender and sexuality. By discussing the two dimensions together (usually presented separately on the intersectionality model) it further reflects the complex relationship women in my research made between the two in regard to FGC, as they were closely entangled and

mediated one another. For example, most women in my study with FGC linked their sexuality and ability to sexually satisfy their partner as a direct reflection of their womanhood and gendered identity, often stating that they did not feel like complete women or able to perform like women. Indeed, other authors have discussed the relationship between gender and sexuality and questioned whether there is indeed a hierarchy between the two. Hines argues that the two are interconnected and impact identities in various ways. There is therefore a *“need to move away from debates around foregrounding of either gender or sexuality in social theories in identity construction”* (Taylor, Hines and Casey, 2010, p8).

Normative gendered identity and FGC

The majority of women in my research often highlighted that FGC was performed as part of creating a normative gender identity, where women conformed to the expected norms of female behaviour, this will be theorised by drawing on Butlers *Performativity* concept, something that has not previously been done.

Women in my research who had undergone FGC explained how it was a practice that most, if not all, women in their family and local community had experienced, and therefore was viewed as normal. Heavy emphasis was placed on being the same as other women in the community, women's roles and the behavioural expectations of a woman. In this sense, having FGC was described as a way to fulfil the cultural expectations of a woman's identity by managing sexual behaviour, remaining clean and being pure; therefore, embodying a complete woman. However, many of the women I interviewed who had undergone FGC, and in particular those who had lived in the UK from a young child or adolescent, experienced internal conflicts around their gendered identity. They

often described being incomplete and lacking the ability to ‘perform’ like a ‘normal woman’ due to not having a clitoris. In line with what Recchia and McGarry (2017) showed, my findings confirmed that migration to a country that does not routinely practice FGC impacts women’s perceptions of what a ‘normal woman’ is and this complex merging of cultural identities, ultimately shapes and impacts their understanding of gendered identities.

Recchia and McGarry (2017) highlighted that FGC was understood in terms of making sense of gendered identities, as it was strongly linked to becoming a woman with celebrations and affirmations from parents stating how proud they were. This sense of what a normal woman is, seemed to be a common narrative in younger women in my research and those who had lived in the UK for a longer period of time, again suggesting that exposure of different norms of sexuality and gender identities triggers this conflict. This is supported by other authors such as Catania *et al* (2007) and Abdulcadir *et al* (2016) who argue that sexual identity and pleasure as well as perspectives on body image are shaped by our environments.

Butler’s gender performativity, a comparison of intersexed children and FGC

Butler’s (2004) essays in ‘Undoing Gender’ as discussed in chapter Three, offer a lens to understand how FGC is an act of prescribing and reinforcing gender. Butler argues that when one deviates from these norms there can be consequences including violence and being considered as less human. Examples of what might be framed as deviating from gender norms include intersexed children, gender identity disorders and cross gender identification (Butler, 2004). She puts forward both positives and negatives to diagnosing the above and suggests that we should consider the cultural advantages of being a given sex and should not assume we can experience sex outside of this cultural context.

In applying this to FGC and the cultural role it plays in the construction and maintenance of female gender identity, it is arguable that there are often social sanctions for not undergoing the procedure. These can include difficulties in getting married or being excluded from social activities, such as cooking and sitting with women who have undergone FGC. However, participants seemed to link such social sanctions to the context of living abroad and not in the UK. This can be linked further to Butlers ideas of performativity (discussed in chapter Four). Butler makes a distinction between gender being performed and gender performativity. She describes gender being performed as taking on a specific role that is acted out and crucial to the gender we present as. Gender performativity, however, is described as a series of effects which consolidate being a man or woman, such as walking or talking like a man or woman, this has led Butler to conclude that we do not have a gender from birth (Butler, 2011).

I argue that FGC is both performed and performative; it is performed in the sense that FGC is seen as a crucial act in confirming gender identity. This affirms Butlers claims that no one is born with a gender but rather it is socially constructed. Gender being performed through the act of FGC is further evident in women being described as full and complete women after FGC. However, the women in my research did not internalise this feeling of being complete and in fact many felt incomplete as women. The performativity element can be seen in the way participants in my research described FGC as being responsible for controlling their sexual behaviours and conduct; and more widely how this is policed and monitored by the wider community. This control of sexual behaviours was linked to women being clean and pure and more widely around their own and their families honour. Gender performativity was described by one participant who stated that you could tell if a woman had not undergone FGC by the way she behaved, she also made

a distinction between behaviours in British culture and her own Gambian culture. Therefore, suggesting an element of gender performativity in relation to FGC and within a cultural context, this is further demonstrated in the quote below.

“Yeah it is because like I remember growing up there are certain behaviours when someone does it you just question has, she been through FGM? You know so you are expected to behave in a very good way when you have been through that passage yeah...like respecting your elders, knowing how to talk to your elders, you know in the British culture you are talking to somebody you have to look the person in the eyes yeah, but that’s just disrespect in our culture someone who is well brought up you don’t look elders in the eyes”.

- Kusta, Female, 33, Gambian (Has FGC)

The act of FGC was often very public with wider community members being aware of the practice taking place, despite it being such a taboo topic. This performativity of gender is also seen more widely when we consider the gateway that FGC perceivably holds in terms of being able to successfully get married or ‘safely’ have children; as there is a myth in some affected communities that the clitoris can harm the child during birth. It is embedded in a wider gendered performance and compared often to male circumcision grounding the practice deeper in the performance of gender identities. An example of this is seen in some cultures who believe that without circumcision for both men and women their genders will be reversed by the overgrowth of the genitals (chapter Two), although none of the participants in my research stated this as a justification.

However, in reality it is complex and complicated to monitor the performativity of gender through the act of FGC, as the act is physically invisible on a daily basis to the wider community, as the genital area is usually covered. I argue that because FGC is such a taboo topic, a woman who has not undergone FGC could, in theory, pretend she had,

whilst still conducting herself in a manner that meets the socially accepted behaviours deemed as occurring as a direct result of FGC, such as remaining a virgin until after marriage. Therefore, there is still a ‘performativity’ of gender despite there not being the performed act of FGC. This was evident in my research as the women without FGC still managed to ‘perform’ in culturally acceptable ways and indeed learn ways to hide the fact that they had not undergone FGC; such as Uba who had been taught by her mother to mask her flow of urine in communal toilets, as this would have identified her as not having undergone FGC. This allowed her to blend in with the other girls and women in her community and not be questioned about undergoing FGC.

Butler (1990) claims that by changing repetitive acts that are associated with gender, we are in fact changing the way that gender is constructed. Drawing insight from this and applying it to FGC, I argue that whilst the repetitive act of FGC which is associated with gendered identity is changing, women’s experiences of being able to navigate and perform gender roles and maintain a gendered identity, without the act of ‘cutting’ is still possible. Therefore, the gendered identity and actual performativity of gender does not appear to alter for women without FGC in the UK or have negative implications. The women in my research without FGC argued and demonstrated that they were still able to successfully get married and have children safely, two common justifications of FGC which are commonly linked to the wider gender roles and identity of women in affected communities. This suggests that they are actively challenging the way that gender is constructed through the performative act of FGC by resisting it and rendering it unnecessary. In addition to this, it is difficult to monitor how this change in repetitive acts (women not undergoing FGC) is ‘performed’. The practice of FGC is often so taboo (discussed in chapter Eight), that it is near impossible to identify whether women have

had FGC, as it is not discussed in public. It could be argued then that as women who have not undergone FGC still ‘perform’ a gendered identity similar to those who have had FGC, that it is difficult to measure the *full* extent the role of FGC plays in the construction of gender identity. Men in my research also supported that women without FGC would still be suitable wives and mothers, which is relevant as it can be argued that they play an important role in validating the women’s roles and experiences of being a wife and mother, therefore controlling access to their gendered performativity.

Furthermore, if we consider that there is a cultural context of gender which will be different in the UK in comparison to abroad, we can begin to understand the complexity of women’s experiences of FGC when they live in the UK; where they have to navigate, negotiate and perform multiple gender norms and identities. Being in a different geographical location that constructs the performance of gender differently can create a tension or dissonance between the performed and performative; as the new location offers an alternative criterion of how gender can be performed without FGC. This tension between the performed (taking on a specific role, in this case FGC) and the performative (a series of effects, in this case controlling sexual expression and experiences) was evident in my research when women resisted the performative by having sex before/outside of marriage, underwent de-infibulation before marriage and masturbating, despite the performed act of FGC taking place. The acknowledgement of varying contexts was previously considered in relation to Merleau-Ponty’s Spatial frameworks and intersectionality earlier in this chapter.

In addition to the concepts of performed and performativity, Butler (2004) also draws attention to the debate around diagnosis under the Diagnostic and Statistical Manual of

Mental Disorders (DSM-IV), for those with gender identity disorder. Some people who have been diagnosed have found this disempowering, whereas others wish to keep the diagnosis as it allows them to somewhat have a certified condition; allowing access to medical transitioning if desired, particularly with medical insurance. It is interesting to question if a similar debate can be applied to FGC in relation to accessing reconstructive surgery. In relation to FGC it may prompt us to consider how terminology such as ‘mutilation’ shapes women’s understanding of their own identity and question if this has the potential to contribute to women viewing themselves as having an identity disorder. Indeed, more research would need to be conducted to see if women who have undergone FGC feel as if they have an identity disorder. In addition to this, some women in my research stated that they did not feel like their gendered identity was impacted by FGC, this could be due to the cultural frame in which they were understanding gender and FGC. In contrast, other women who had FGC in my research felt like their gendered identity had been altered, rendering them to feel incomplete and less like a ‘real woman’. These differences in lived experiences and embodiment of FGC, should encourage us to try and understand women’s experiences of FGC on a more individual level as their perspectives are lived and embodied; therefore, meaning is ascribed differently.

Finally, Butler (2004) discusses how intersexed children, who are born with several variations in sex characteristics, often undergo ‘corrective’ surgery to give the child a definite anatomical sex. This is performed with the rationale that this will allow them to ‘fit into’ society easier and perform a gender identity, whether that be female or male. Butler describes this procedure as a ‘knife of the norm’ stating that:

“The bodies produced through such a regulatory enforcement of gender are bodies in pain, bearing the marks of violence and suffering, where the

identity of gendered morphology is quite literally incised in the flesh”
(p53).

It is interesting to consider how corrective surgery for intersexed children, may be similar or different to FGC. As previously mentioned, corrective surgery is carried out to allow the performance of one gendered identity and to aid fitting into society. Similarly, FGC is often performed with the justification that it creates, strengthens and reaffirms a normative gender identity. It is often assumed that this phenomenon is continued as women share an identity, which also makes it easier for them to perform the gender role by being accepted in the community. As previously mentioned, a strong reasoning for the practice is that it allows the wider gendered performance (set within the cultural context) of being a wife and mother; which are deemed more legitimate and respectable if the woman has undergone FGC. The practices differ in that FGC is performed on external genitalia that only belongs to one sex, in comparison to intersexed children who have a number of either reproductive or sexual anatomical characteristics at birth. There has been little comparison between the two practices and the use of Butler’s work, but notably Ehrenreich and Barr (2005) used mainstream anti-FGC arguments to challenge the practice of ‘corrective’ surgery for intersexed children, claiming that both are medically unnecessary and can have psychological and physical complications. Likewise, Meyers (2000) drew comparison between FGC and corrective surgery for babies born with ambiguous genitalia in the U.S. She highlights that both can be argued as essential for a female to obtain that identity, despite neither being medically necessary.

In conclusion, understanding how FGC may impact women’s understanding and performance of a gendered identity, particularly in the UK where FGC is a less common

practice is complex. This thesis has highlighted that the meaning-making of FGC and gender identity is an iterative process. The understanding of gendered identity impacts the way women make sense of FGC, and the way FGC is made sense of further impacts the way gendered identity is understood and ultimately performed. Applying the concept of intersectionality here allows us to understand how the meaning-making of for example gender can change upon migration. This was evident in my research where women who moved to the UK felt incomplete as women often comparing themselves to women who had not undergone FGC.

Controlling women's bodies and sexuality

My research highlighted several justifications given for the practice of FGC including; sexual control, culture, religion, hygiene, superstition and its role in producing normative gender and cultural identities. Indeed, all participants verbally stated that they did not agree with FGC, although some spoke less negatively about it being justified for hygiene and sexual control (although disagreed with the sexual implications).

In response to the reason's FGC was performed, most women I interviewed claimed that their body was owned by the wider community and, in particular, their fathers and husbands. As Posner (1994 cited in Coyne and Coyne, 2014) describes, fathers and husbands had lower agency costs when their daughters and wives had FGC; as they had to worry less about their reputation linked to controlling women's sexual behaviours. The aspect of communal ownership and care of the body was evident in the narrative around wider members being able to organise FGC, social pressure and fear of punishment for not having it done.

This fed into the justifications of FGC being performed, in particular for controlling sexuality. The premise of FGC being performed to keep the girl 'clean' had two different connotations; firstly, hygiene and secondly controlling their sexual behaviours and virginity until marriage. Sex before marriage was often described in communities as dirty and believed to be more likely if FGC was not performed. Whilst the clitoris was often associated with sexual desire and removal was believed to create a 'normal' sex drive, it was believed that women would be too wild and constantly demanding sex if uncut. These findings correlate with other studies such as Recchia and McGarry (2017) who found differences in the concept of sexuality and Fahmy, El-Mouelhy and Ragab (2010) who also highlight that the clitoris was framed as a point of sexual desire and not pleasure.

Many participants highlighted various superstitions used to justify FGC including preventing infertility, reducing the risk of sex before marriage, protecting them from the hot weather which was believed to increase their sexual desires and protection from spiritual curses. The women in my study who were uncut were more likely to be questioned about their virginity in comparison to those who had type 3 in particular and were told to feel proud that they could prove their virginity to potential husbands and the wider community. Overall the participants in my research described how FGC was justified as a way to protect a girl's innocence, purity, dignity and reputation (Gele, Johansen and Sundby, 2012; Berg and Denison, 2013; Ruiz *et al.*, 2014). Yet the women who were uncut were viewed in this multi paradox where their virginity was questioned yet their sexuality was sought after. This suggests both a change in attitude surrounding FGC and highlights an importance of sexual pleasure in relationships.

The justifications provided by the participants in my research and wider literature review (chapter Two), suggest that a strong reasoning for FGC is to control women's sexuality, which is strongly linked to their identity of being a 'good woman'. Berg and Denison (2013) emphasise that FGC was strongly associated to attitudes such as sexual morals, marriageability and male sexual enjoyment, which could be considered patriarchal in nature. Such views that FGC is justified for the purposes of sexual control and marriageability are, however, being challenged by women in affected communities who have not undergone FGC, and men in younger generations who do not want to marry women with FGC (highlighted in chapter Two and Six). However, women who have not undergone FGC are still proving to have successful marriages, whilst performing within the confines of socially constructed and accepted sexual behaviour for women. In summary, women who are uncut are still able to perform the roles associated to their gender such as being a wife and mother, therefore raising question to the belief that FGC is central to the construction and performance of a gendered identity.

10.2.1.2 Culture

This subsection highlights and discusses the dimension of culture in relation to intersectionality and the role it plays in FGC and women's experiences in the UK. It will consider the bodies role and FGC in producing a cultural identity, the role of cultural discursive commentary on FGC and how the practice is changing in the UK due to multiple cultural identities.

Cultural identity and the body

My research identified that FGC was framed as a cultural practice which was thought to give women a cultural identity. Cultural identity was an integral part of my participants lives and people felt very proud of their culture; commonly defined by a number of things

such as food, music, literature, clothing and behaviours (chapter Six). Strengthening the link between FGC and culture, many participants highlighted how FGC was often associated with other practices that were culturally important, for example marriage and child birth. Additionally, FGC appeared to be a norm imbedded within culture and was often compared to everyday socially determined activities, that are in fact not culturally specific, for example; going to the dentist, getting your hair cut, or taking your child to school. Many of the participants identified that FGC was viewed as normal within their culture and that other cultures also had harmful practices, but that did not make their whole culture bad; suggesting a position of cultural relativism.

My research illuminates that FGC was often justified in terms of its role in shaping cultural identity. For example, it was suggested that people used to feel proud of this part of their culture and it was often described as a tradition that was inherited from previous generations and something which other women in their family and community had been through (Fourcroy, 2006; Whiten *et al.*, 2011). Cultural identity was described in complex ways and it was common for both women and men to suggest that FGC was not part of their ‘original’ culture; original referring to historic, before there was a movement and displacement of people; it was often understood as being inherited from Egyptian culture.

Furthermore, for the women who had undergone FGC it was common for them to describe cultural pressure to fit in and avoid being bullied, Somali women in particular had a common narrative of asking parents to undergo FGC to avoid stigma and bullying. This supports the findings of Schultz and Lien (2013) who discussed a partially open meaning-making system, which involved a critical narrative of those who did not undergo FGC (chapter Two). It is interesting to note that the women who did experience FGC had

justified their experiences by avoiding stigma, but the reality for those in the UK that had not experienced FGC, was not one of stigma. In addition, this research has exposed a change in cultural identity specifically with migration to the UK, and across generations; this is discussed further below.

The relationship between culture and FGC has been framed largely within the context of the body and body politics (as discussed in chapter Three). This was considered by Coyne and Coyne (2014) who applied a rational choice model to FGC. They highlighted that FGC was often weighed up between individual identity-based pay offs versus group identity-based pay offs. This was evident in my own research where some women highlighted that their parents spoke of individual conflict and society pressure to perform FGC on them. There was often conflict between the individual desires not to practice FGC and the wider groups expectations and judgment that FGC was necessary. Some of the women however, in particular the Somali women made a point of their request to have FGC to be like the other women in their community.

In terms of body ownership, culturally it was often deemed that the body belonged to the whole society and not just the individual. Participants in my research reflected this by describing how anyone in the community could arrange FGC. Community ownership of the body has been considered in chapter Four by Izugbara and Undie (2008); they suggested that the body often belonged to the wider community and this notion of community ownership continued despite migration. This was evident in my own research as some participants stated that being in the UK sometimes strengthened the perceived need for FGC, due to fear of losing cultural identity or the different sexual morals and values in the UK. This suggests that the act of FGC is seen to maintain a cultural identity

that involves the preservation of sexual values. This is linked more closely below to the changes in practice in the UK.

My research further demonstrates possible changes in the meaning-making processes of FGC in relation to ownership of the body. I argue there has been a change from a strong sense of a communal body and ownership (where FGC was framed as something that anyone in the community could arrange), to a more individualistic body (where individual rights and bodily autonomy are promoted); evident in women's narratives of resistance through de-infibulation or refusing FGC for their daughters. These changes were more apparent when interviewing younger generations, where this idea of an individual body was reflected in themes around resistance of parental ownership and choices; in particular around clothing, and the decision to be de-infibulated or speak out against FGC (chapter Seven). Such changes in attitudes and resistance are important, when considering a practice which is heavily embedded in the idea that it is beneficial to the whole community. These findings are supported by Morison *et al.*, (2004); Izugbara and Undie, (2008); and Coyne and Coyne, (2014) as demonstrated in the literature review (chapter Two). Collectively they found a change in generational views around the support for FGC, highlighted the body politics around the concept of a 'communal body' and considered identity-based pay-offs and agency costs of FGC.

Cultural discursive commentary and acquired knowledge of FGC

The way in which knowledge of FGC is acquired and commentary from the wider community appears to be crucial in the lived and embodied experiences of women with FGC. As discussed in chapter Two, it has been highlighted by Schultz and Lien (2013)

that the way information is acquired impacts the meaning-making of FGC; suggesting it is important to consider the wider context that FGC is understood, and the justifications prescribed to it. Likewise, Johansen (2016) found that meaning ascribed to FGC can change upon migration. It was therefore invaluable to analyse the way information on FGC was acquired for the participants in my study. Indeed, my findings show that the type of FGC women had and where they had grown up or resided impacted the way meaning was ascribed to FGC. For example, the younger women framed FGC as more harmful and unnecessary in comparison to the older women, this will be re-visited later in this chapter.

All the women in my study who had undergone FGC acquired and ascribed meaning to it through their physical experiences; mainly sexual, and multiple identities; including gender, cultural, victim or survivor. The physical body was vital in understanding FGC and during the interviews, it became more apparent that many women ‘forgot’ (as they described) about FGC until they started to have periods, sexual intercourse or during childbirth, all of which involve the physicality of the body. I argue that due to FGC not usually having interim physical implications after the initial cut and healing process (as suggested by the women in my study and there being no empirical studies or reports on the interim period), up until menstruation and intercourse, that FGC is made sense of differently, unlike other physical alterations made to the body.

For example, if an able-bodied person suddenly lost use of their legs and became wheelchair dependent, the meaning-making and embodiment of these changes are likely to take place immediately, as their physical movement is altered. However, with FGC, it appears that a physical change occurs with immediate implications, such as pain and bleeding, which usually subside after healing, and implications do not reoccur until

menstruation, intercourse or childbirth. This allows for a period of adjustment whereby the changes in genital appearance and functioning can be embodied and framed as 'normal'; in the sense that they may not remember what it was like before FGC, as it is often performed at a young age. A similar idea has been demonstrated by Schultz and Lein (2013) who argue that during this interim period positive reinforcement of FGC is given by other women in the community about the justifications for FGC, which are strongly embedded in cultural and gendered identities and roles (noted in chapter Two).

My research further demonstrates changes in acquired knowledge and meaning-making as all participants verbally framed and understood FGC in a number of ways, depending on what they were discussing; this was evident in the terminology used to describe FGC. For example, when talking about their parents' role in the decision to perform FGC on them and the justifications for the practice, 'circumcision' or 'cutting' were commonly used. In contrast, when talking about the implications on relationships or identity conflicts the term 'mutilated' and 'cut' were used. I argue that this demonstrates different or contrasting ways of ascribing meaning, relationships, categorisation and understanding of FGC. Schultz and Lein (2013) support this when they highlight their participants use of the word ritual and FGC and demonstrate that natural metaphors are present in the language used and the meaning and conceptualisations behind them.

Additionally, whilst current research highlights acquired knowledge as an important factor in experiences of FGC, it does not appear to explicitly suggest that this process is ongoing. Building on this I argue that meaning-making processes around FGC are not static but change when new information is processed, for example learning of different cultural or gendered identities in the UK or different views around sexuality and

expression. My research demonstrates that both gender and cultural identities are not static but fluid, mediated and interlinked, which has a direct impact on the understanding and experiences of FGC. This research offers an insight into the complex and ever-changing relationship between gender and culture identities and the phenomena of FGC; which were particularly shaped by experiences of migration and hybrid identities. My findings build on the research of Schultz and Lein (2013) who took a focus on the information given before FGC occurred, but do not identify whether or not the meaning ascribed changes. My research advances their work as it considers how meaning changes, due to for example, migration to the UK or being from a migrative background and born in the UK. Furthermore, the literature review (chapter Two) demonstrates other studies (Morison *et al.*, 2004; Catania *et al.*, 2007; Johansen, 2016) which support my claim that meaning-making and understanding of FGC changes depending on the cultural context. Furthermore, this can be theoretically conceptualised with Merleau-Ponty's spatial framework and agents' field of action, to advance our understanding, as previously discussed.

As noted in chapter Six, the wider community played a crucial part in the way that FGC was understood and perceived. In my study all of the women who had not undergone FGC did not specifically frame FGC as positive for the woman or the wider community, in terms of its justifications or implications. Many of them reflected on negative experiences or feelings of FGC that they had witnessed through their sisters, mothers or friends, who were subject to FGC. My findings from interviewing women without FGC suggest that not undergoing the procedure, in no way, negatively impacted either their cultural or gendered identity. For example, they did not suggest that they had been excluded from their communities or unable to get married and those who experienced

bullying highlighted this did not have a lasting impact on their lives. This could be due to living in the UK or due to norm changes surrounding the value of FGC changing with affected communities, it is unclear however if there is an individual catalyst for this or multiple. As previously mentioned, women without FGC were still able to get married and have children; which are often identified as risks of not undergoing FGC. Many described how they were happy they were not subjected to FGC as it was unnecessary especially in the UK and would have taken away their 'womanhood'. This suggests that views around FGC being crucial to produce cultural and gendered identities is changing. Cloward (2015) argued that norm change was dependent upon social expectations of compliance and that non-compliance was less likely when punishments such as exclusion from the group were in place; the women in my research did not experience social exclusion. This supports Cloward's (2015) argument that attitudes towards FGC were more likely to change if there was an 'exit' option available, such as being in the UK around women who have not had FGC.

As well as interviewing women with and without FGC, I also interviewed men from affected communities. Exploring men's understanding and perspectives of FGC, has been identified as a crucial factor and only a handful of studies in the UK have considered men's views (Morison *et al.*, 2004; O'Neill *et al.*, 2016). Men are arguably viewed as active stakeholders in monitoring and policing of female gendered performance, through their position of deciding whether to marry women with or without FGC. This argument was supported by other studies in chapter Two such as; Morison *et al* (2004) who highlighted a rise in younger boys not wanting to marry women with FGC; and in opposition Ruiz *et al* (2014) who found that FGC was viewed by men as a duty of cultural care.

My research has illustrated that men that did not explicitly portray positive feelings towards the practice of FGC. In fact, all of them highlighted the harmful impact FGC had on women's health, in particular regarding their sexual experiences, and the impact this had on marriage and child birth. All of the men in my research stated that they wanted their partners to enjoy sex and often referred to the fact that men now preferred to marry women without FGC due to its complications. My research findings, however, slightly differ in comparison to other studies such as Almroth *et al* (2001) who explored men's views and justifications of FGC, from the youngest generation and their grandparents. Whilst they had a similar response to the men in my research indicating a preference for women not to have FGC, Almroth *et al*, also found this was more common in younger men. Whereas, all the men in my research suggested a preference for women not to have FGC, regardless of their age, which ranged from 25-58. Whilst the research design and methodology of both are different, and their study was not based in the UK but in Sudan, it highlights potential further lines of inquiry, as to whether there is a difference due to the cultural context or my own positionality as a researcher being female as Almroth was male and had a male translator.

The changing landscape of FGC in the UK

My research highlighted that the relationship with FGC in the UK is changing for affected communities. Participants noted how the understanding and practice of FGC is changing, specifically in response to younger generations and migration. It was evident from all participants that there are clear generational changes in perceptions of FGC and its relevance, particularly in relation to cultural values and beliefs which had a direct impact on the understanding and meaning-making of FGC. Older generations feared that younger generations were becoming too westernised and losing their culture; some felt that this

fear could promote the desire to cling to practices such as FGC to reinforce and affirm cultural identity and values. They also highlighted that those who migrated at an older age were believed to have a stronger attachment to 'home', evidenced in sending money, holidays and regular communication; this attachment was believed to further reinforce FGC. Younger generations, on the other hand, expressed that the older generation had more of a solid sense of identity, whereas they were more fluid, adaptable and liberal. This supports previous research presented in chapter Two, such as Oguntoye *et al* (2009) who found older women to be the main supporters of FGC and had a fear of losing their cultural identity, and Morison *et al* (2004) who found that a sense of belonging in the UK weakened positive attitudes towards FGC.

As previously mentioned, the younger women in my research, in particular those who were born in or who had grown up in the UK, made sense of FGC differently to women who had moved to the UK at an older age. The younger women presented to be more fluid in their cultural identity and often identified as being British. They all suggested that FGC was not necessary in the UK and highlighted a great pressure from 'home' and relatives abroad. Accompanying this was a fear around not being believed that they had undergone FGC, as they were born or grew up in the UK. Women felt their cultural identity was questioned a lot more and they sometimes feared being called brain washed and westernised if they stood against the practice or spoke of wanting de-infibulation before marriage. Women born in the UK anticipated more freedoms in particular around clothing and felt this fed into generational and cultural conflict between parents and had a wider impact on their expression of cultural identity.

Another influencing factor that appeared to change in light of migration and across generations was the perception of ownership of the body. Many of the women I interviewed spoke of the cultural pressures they faced when they underwent FGC and how often women in the community would be involved in organising FGC, reflecting the idea of a communal body and ownership as described by Izugbara and Undie (2008). They delineate that the body is symbolic in which norms and beliefs are inscribed upon it and suggest that despite migration practices are continued to affirm community ties and ownership of the body (discussed in chapter Three). I argue that this notion of community ownership around the body changes when living in the UK, which impacts how FGC is practiced. Whilst some women in my interviews felt that moving to the UK increased the pressure to perform FGC due to the need to prove a commitment to their cultural identity, a higher proportion described being in the UK as an opportunity to navigate and resist the practice of FGC as other women around them, both from their communities and outside of their communities, were not undergoing FGC. If we consider here the concept of intersectionality, we can see how migration, as a dimension, impacts the phenomenon of FGC and lived experiences of navigating the phenomenon. As migration impacts the understanding and experiences of other dimensions such as gender and culture, as well as bodily ownership and autonomy.

Whilst many participants identified as having a fluid cultural identity or as being British, some did not, and this also seemed to correlate with age and length of time living in the UK, as supported by Morison *et al* (2004) in chapter Two. Many of my participants found that migration was linked to negative experiences such as racist attacks, language barriers, changes to gender identity/roles and cultural identity, refugee status and stigma. Furthermore, some participants rejected the idea of westernisation and instead highlighted

an exposure to different cultures, but they did not necessarily see this as the cause of their views on FGC to change; indeed, for some FGC had stopped in their family before they lived in the UK.

Participants in my research also highlighted a further tension between being modern and modest which was further described as tension between being westernised and keeping traditional cultural values. This was also a gendered experience, whilst westernised men were seen as modern and good who could help back home, women were seen as being brainwashed and westernised and mocked for believing they knew everything; intersectionality can provide a lens which allows us to understand this gendered experience. This was also seen as a reason that FGC was continued to prevent this loss of cultural identity and values and potential mocking for being westernised.

My research further demonstrates possible changes in the meaning-making processes of FGC in relation to cultural and gendered identities, and the ways in which this is experienced in the UK. It appears that ownership of the body acts as a crucial part of meaning-making, surrounding gendered and cultural identity, and FGC. My research suggests a change from a strong sense of a communal body and ownership; where FGC was framed as something that anyone in the community could arrange. To a more individualistic body, where individual rights and bodily autonomy are promoted; seen in women's stories of resistance such as being de-infibulated or not arranging FGC for their daughters. These changes appeared more apparent when interviewing younger generations where this idea of an individual body was reflected in themes around resistance of parental ownership and choices, in particular around clothing and the decision to be de-infibulated or speak out against FGC (chapter Eight). This is important

when considering a practice that is heavily embedded in the idea that it is beneficial to the whole community. These findings are supported by Morison *et al* (2004; Izugbara and Undie (2008); Coyne and Coyne (2014) as demonstrated in the literature review (chapter Two). Collectively they found a change in generational views around the support for FGC, highlighted the body politics around the concept of a ‘communal body’ and considered identity-based pay-offs and agency costs of FGC.

10.3 The practice of FGC and women’s knowledge of bodily experiences

The practice of FGC was often described by women in my research as something that silenced them and many of them stated that they felt they had no choice in undergoing the practice. Their physical bodies and sexual experiences were often the only way they knew how to un-pack and experience FGC, and their bodies often became a site of resistance. This subsection will discuss how FGC is a topic drenched in taboo, but ultimately experienced by sexual experiences and identity. These two points further shaped women’s identities and experiences in the UK and strengthen the argument to add FGC as a dimension when applying the lens of intersectionality.

FGC as a taboo and women’s agency and autonomy

Whilst FGC was commonly framed as a taboo topic, the degree of openness was experienced differently by participants. Many of the men, for example, felt that it was taboo for them to talk about FGC in particular to women and framed it as a woman’s issue in which they would have very little involvement. Women themselves described how it was often difficult for them to even discuss FGC with their parents, sisters, family and wider community members. It was deemed culturally inappropriate to talk to elders about

FGC in an unsupportive or challenging manner which was seen as shameful and a poor representation of the family. Furthermore, participants feared that disclosing views against FGC was seen as making a political statement at the determinant to their family, community and culture. This suggests individuals experience a level of structural taboo where it is socially frowned upon to discuss FGC, as well as on an individual level where there may be feelings of embarrassment or shame. Furthermore, it was often viewed as culturally inappropriate and insulting to talk about psychological issues and implications of FGC or mental health in general, adding to the taboo of FGC as these were common implications.

My research found two common yet contrasting narratives in regard to migration to the UK and taboo surrounding FGC. Some women felt silenced culturally, but also felt silenced by the UK law as they feared being criminalised and stigmatised, which prevented some women from seeking medical care at the appropriate time. They also feared being judged and ridiculed which promoted silence, talking about FGC often caused more psychological distress and they felt it did not benefit them. The reasons for women disclosing had to be beneficial to them, for example, many women stated how they resisted staying silent in order to protect other girls from having FGC. However, if there were any chance of potential shame or humility, they were less likely to disclose to members of their own community and in particular to professionals. On the other hand, some women in my study felt that being in the UK allowed them to feel more empowered and open to talk about their experiences of FGC and felt that the law protected them. It is therefore important to consider the cultural and social context of a phenomena, such as FGC, being taboo, as this can change.

Those who were born or grew up in the UK believed that this enabled them to talk about FGC, amongst other sensitive topics that would be deemed culturally taboo, in comparison to living abroad. This view of FGC being less taboo in the UK and that the majority of women felt it was unnecessary to perform FGC in the UK on their daughters, could suggest an anticipation of more autonomy. Drawing on the work of Meyers (2000) who applied autonomy theory to FGC and defined autonomy as being able to live individually and not conform whilst exercising one's own judgement. Meyers argues that it is difficult to evaluate women's autonomy as justifications of FGC are not homogenous; women's autonomy should therefore be considered on an individual basis and the cultural context needs to be considered. This is evident in my own research which has demonstrated a complex and changing set of beliefs around being able to talk about and resist FGC. In addition to this, some participants in my research felt that it was now more of a taboo to actually admit allowing your daughter to undergo FGC, as opposed to not letting them have it done. Again, suggesting a change in attitudes and beliefs around FGC in the UK. Many women also believed that choice of them having FGC was an illusion but did feel that their choice not to perform FGC on their daughters increased when living in the UK. Other women highlighted how even though they had asked for FGC, it was not an informed choice because they were not aware of what would happen or the implications.

Despite contrasting views, I argue that the inability to openly talk about the practice (due to cultural expectations and fear of the UK law) is an influential part of FGC potentially continuing and prevents women from accessing appropriate physical and psychological support if desired. Although my thesis was not focused on the psychological impact of FGC many of the women spoke of the emotional distress they felt when talking about the

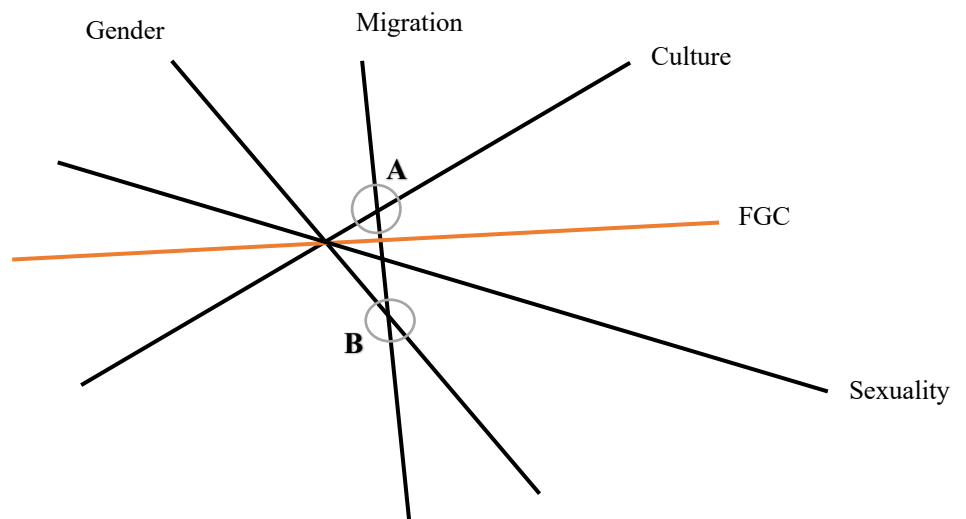
procedure and the implications it had on them; in particular some women highlighted that counselling and accessing medical services was traumatic and painful for them. Taboo being a contributing factor to the way that FGC is understood and perhaps continued has been hinted at by Schultz and Lein (2013), who identified the closed information system as discussed in chapter Two.

Sexual identity and experiences as a way of understanding the physical body

As mentioned, two of the main ways that women interpreted and understood FGC was via their physical body and their sexuality. Many women in my interviews highlighted that they lacked confidence in relation to their bodies, sexual experiences and identity as women. Most women in my interviews felt that their bodies were controlled, and FGC was a means of doing this. In response some women discussed ways to resist this for example, body piercings, western clothing, de-infibulation and masturbation (see chapter Seven). A similar finding was discussed by Catania *et al* (2007), who found that young women in the west were changing their ideas around de-infibulation outside of marriage to increase their sexual pleasure; despite the risk of stigma from family and community members. The women in my research described a strong narrative of feeling disconnected from both their own bodies and the fact that they had experienced FGC, for example some women highlighted that once they had healed, they had forgotten about FGC and that they had an organ down there until they were much older; this could suggest that they had embodied FGC.

One way to conceptualise and understand FGC is by considering embodiment. As described in chapter Four, embodiment comes in different forms including; disembodiment, anxious embodiment, sexual embodiment and embodied resistance (Fahs

and Swank, 2015). It was evident in my research that women embodied FGC in multiple ways, I argue that this is due to FGC impacting multiple elements of their lives and identities. Women described examples of sexual embodiment, anxious embodiment and embodied resistance. Sexual embodiment, relating to compliance around sexual behaviours (Fahs and Swanks, 2015) was evident when women described expectations for them to not have sex before marriage and even the ways they expressed their enjoyment of sex. In addition, the majority of the women who had undergone FGC in my research expressed an anxious embodiment, relating to patriarchal ideals of what a 'good' body is. This was described as not feeling complete and able to perform as 'real' women. It is interesting to note, due to its association with patriarchal ideals, possible changes in this anxious embodiment or at what point in a woman's life it may arise. For example, when women's understanding and experiences of patriarchal ideals of a 'good' body change from having FGC to not having FGC. Finally, embodied resistance, when the body is used to contradict cultural norms was evident in women resisting cultural expectations such as not having piercings, not masturbating, undergoing de-infibulation before marriage and having sex before marriage. Understanding what acts as a catalyst for these forms of embodiment to manifest gives further impetus to consider intersectionality as a framework for understanding FGC and the ways in which it is experienced and made sense of. However, more research would need to be conducted with these specific questions in mind. An example of how intersectionality could assist in mapping out the embodiment of FGC is presented in the diagram below (diagram Six). Point A is likely to represent the point of embodied resistance, where different perspectives of human rights, the law and bodily autonomy are expressed and experienced. Point B could represent anxious embodiment, when women are exposed to different patriarchal ideals of a 'good' body.



Whilst my research did not intentionally focus on sexual experiences, these were often described as a way of understanding FGC and the physical impact it had directly upon women's bodies, but also how this fed into their understanding of their identity as a woman and their sense of self-worth and confidence. Many women experienced implications of FGC in their sex life, including a lack of sexual desire or interest, pain or the absence of physical sensation. Some women claimed that sex felt like a chore in which they were not always mentally present during the act, some also highlighted that they only engaged in sex simply to maintain their relationship and for the man's enjoyment. Talking about sex to their partners and ways around FGC and other forms of pleasure was often highlighted as a difficulty. Women spoke in great detail and ascribed a range of emotions including guilt, embarrassment, and shame when discussing sexual experiences. Sexual experiences were often described as taboo in themselves, this coupled with FGC made it a very sensitive topic to discuss. However, there were a few women who stated that they were not affected by FGC and still had positive and enjoyable experiences, they

attributed this to the fact that they did not know anything different and to them it was normal, again suggesting an embodiment of the practice.

Furthermore, Merleau-Ponty's work on embodiment and the body as a sexed being can offer a unique insight into embodiment and the different sexual experiences of women with FGC, which are often culturally bound to a socially constructed predisposition of repressed sexuality (Connor *et al.*, 2015). Merleau-Ponty argues that the body is our way of physically experiencing the world, but that we can override the physical body with desires and emotions; Merleau-Ponty's classic example of the phantom limb was used to illustrate this point (as discussed in chapter Three). He claims that with intentionality we can replace natural pleasures and pains with conditioned reflexes; in which he later suggests that our sexuality and responses are taught and socially constructed. I argue that by applying this to FGC, it could suggest that the desire to experience sexual pleasure can override the embodiment of FGC and cultural expectations that may inhibit women's experiences. Indeed, this was expressed by three of the women who had undergone FGC in my research, who stated that they had learnt to enjoy sex and have a positive attitude towards the future. This is an area where more research is needed.

The majority of the women I interviewed reported that FGC just '*became a part of them*' or that they had forgot about FGC for long periods of time, for example in-between having the procedure and having their period or getting married, also suggesting a strong sense of physical embodiment and normalisation. A handful of women spoke of learning their body via masturbation and related this to a way of resisting the narrative that women should not enjoy sexual pleasure. Whilst others spoke of resisting this embodied identity by getting piercings or undergoing clitoral reconstruction or de-infibulation. There was

often a strong desire to '*get back what had been taken*' from them or to have a '*normal body*' (chapter Six). I propose that the idea of a 'normal body' changed for the women as a result of moving or growing up in the UK, due to more exposure to women without FGC and different views of sexuality and gender identity. The work of Catania *et al* (2007) can support this, as they found changes in the way sexuality and pleasure were constructed depending on the cultural context. This could equally relate to the construction of the body and what is viewed as 'normal'.

Applying the work of Merleau-Ponty to understand the way in which women framed their sexual experiences offers valuable insights into how women may embody the practice. For example, the women in my study who had only experienced sex after FGC, often described not knowing any different, but had a strong sense of missing out and not being a full or complete woman. This could suggest that lived experiences are not the only factor to consider when exploring this phenomenon, as women often had a sense of missing out on something they had never experienced.

Additionally, women in my research found that their confidence surrounding their bodies, sexual experiences and identity as a woman, was impacted by their experiences with men and health professionals. There were two common experiences that these interactions appeared to produce, they either built up their confidence by an awareness and positive narrative about life after FGC or knocked women's confidence by their expressions of shock or disgust. This supports similar findings by Bulman and McCourt (2002) and Moxey and Jones (2016) which highlighted negative interactions with health care professionals, however neither studies considered the impact of health care experiences of FGC and the impact on confidence.

A further consideration about how the experience of FGC impacted women's experiences and identity was highlighted by the women in my research. Many women, but not all self-identified or referenced the terms victim or survivor; they were sometimes used interchangeably depending on what they were talking about; similar to how the terms FGC and FGM were used interchangeably. This often related to if they had a positive or negative mindset about the future and relationships, had ongoing health issues and how much they believed they had participated in the decision making to have FGC. This demonstrates the complex and multiple ways that FGC impacts women's identity and experiences. This builds on the work of, Kea and Roberts-Holmes (2013) who considered FGC as a creation of victim identities, and the impact of this on asylum claims in the UK. They claim that women can exercise agency and resistive performativity by accepting asylum claims into the UK due to FGC, which in turn produces a victim identity. In summary this provides a strong justification to use the concept of intersectionality to gain a deeper understanding of FGC, and as I argue to add FGC as a dimension of the model.

Furthermore, the women in my study recognised that FGC had an impact on men's sexual experiences too and felt that this did or could cause marital problems, including affairs and divorce. Women in my research voiced a strong belief that men now wanted women without FGC, suggesting a change in beliefs and a stronger understanding of the physical and psychological implications of FGC. Men also echoed this in agreement and they all stated their preference to marry a woman without FGC, as it was better for the marriage and because they wanted their wives to enjoy sex with them. Men's views on the implications of FGC tended to focus on health, birth and sexual complications as opposed to its implications on confidence and identity like the majority of the women.

10.4 Contribution to knowledge

This research has contributed to knowledge by advancing the understanding of women's experiences of FGC in the UK, and the impact this has on their gendered and cultural identities. It has generated new knowledge on how meaning-making of FGC differs in the UK and dependent upon the topic in relation to the phenomena, which was demonstrated by change in terminology such as FGC/M. I argue this demonstrates different or contrasting ways of ascribing meaning, relationships, categorisation and understanding of FGC.

It has highlighted that being in the UK triggered internal conflict around FGC and its impacts on gendered identity, as there were more women without FGC in the UK which influenced a change in their views on gendered identity and subsequently the need for FGC. Women claimed that unlike the justifications suggest, FGC did not make them feel like a full woman and they actually felt incomplete and less able to 'perform'. Whilst a common justification for FGC was to ensure women were the same as others within the community, it was often experienced as a negative as they felt incomplete in comparison to women without FGC in the UK. In addition to this, women from affected communities without FGC did not interpret, not having FGC, as negatively impacting their gendered identity in the UK. In addition, this research support research around how perceptions of FGC change with migration and how the practice is seen often as less necessary in the UK, although some of my respondents did find there was still pressure to perform FGC from family abroad. My research added to the understanding of change in attitudes and resistance of FGC in the UK; and how this often-accompanied resistance in other

gendered and cultural expectations such as wearing western clothing and having sex outside of marriage.

In light of existing literature discussed in chapter Two, my research suggest that FGC is a complex, mediated and embodied practice; both the meaning ascribed to FGC and the lived experiences can vary depending on cultural context and what Merleau-Ponty describes as spatial frameworks. This thesis has utilised a mixture of theoretical conceptualisations predominantly from the work of Merleau-Ponty (1945), Kimberle Crenshaw (1989) and Judith Butler (1990). This study therefore adds to the handful of studies which have combined phenomenology and feminist theory both theoretically and methodologically.

Finally, I argue that when applying the concept of intersectionality to FGC, we can gain a more in-depth understanding of the complex, fluid and mediated lived experiences of FGC in the UK, if we alter the operationalisation of it. By adding FGC to the model as a dimension we can acknowledge that FGC plays the same level of importance in women's experiences and identity as the other traditional dimensions such as gender, sexuality and culture, for example. This allows us to take into consideration the fact that FGC both shapes the dimensions and is simultaneously shaped by them. For example, FGC plays a crucial role in the construction of a normative female gendered identity, however the understanding of gendered identity also impacts the way that FGC is made sense of, embodied and experienced. Additionally, migration or the co-existence of different gendered identities was found to be a major contributing factor of how FGC was made sense of and experienced. This thesis also suggested novel ideas around how intersectionality can assist in mapping out and considering how other identities such as

victim or survivor and different forms of embodiment may arise in relation to the lived experiences of FGC.

Theoretically, my original contribution is the extension in the way that intersectionality is operationalised, by considering FGC as a dimension to reflect how the phenomena both shapes the dimensions of intersectionality such as gender, sexuality and culture and is also impacted by them.

In addition to this, my research adds to the small pool of studies discussed in chapter Five that combine phenomenology and feminist theories to understand lived and embodied experiences and has not been applied in this area before. Furthermore, I highlighted how Merleau-Ponty's work on spatial frameworks and situatedness can advance the application of intersectionality, through for example, highlighting how different spatial frameworks ascribed via migration can shape peoples understanding of a phenomenon, which to my knowledge has not been documented before. This strengthens and enhances the combination of a feminist phenomenological approach, which also provides a unique way to frame FGC and understand how changes occur due to multiple spatial frameworks.

Whilst the intention was not to create policy recommendations, I had a fantastic opportunity during my time writing up to work with Women's Aid as a "FGM community outreach worker". This provided me with a unique insight into service provision for supporting women with FGC. There was however no guidance within the field to provide one-to-one emotional and practical support sessions for women with FGC. This gave me the chance to apply what I had learnt in the field, in regard to supporting women emotionally with FGC and my research findings, in particular around gendered identity

and cultural identity, to create a plan of what one-to-one support sessions could address in a structured and practical manner. This considers six main points/sessions: 1) safe guarding at the point of service access 2) a cultural map of how FGC is framed and understood 3) a session on gender identity and body ownership 4) a body map to discuss implications and physical needs such as gynaecology appointments 5) a session on the emotional and psychological impact and referral to counselling if desired 6) a session on empowerment, support and change (available in appendix Two).

10.5 Summary and recommendations for future research

This thesis has demonstrated that the lived experiences of women who have undergone FGC in the UK are complex, fluid and mediated by a number of factors, including the perception of gender identity, how women should behave sexually including social permissions to enjoy sex and the way in which cultural identity is shaped. Women primarily made sense of FGC within the context of their gendered and cultural identities, which both changed and influenced each other depending on whether they were born in the UK or abroad. In the UK women had to navigate and negotiate multiple expressions of both gendered and cultural identities.

My research further adds to the small number of UK studies on FGC, it further explores men's experiences from affected communities and uniquely includes women without FGC. It highlights what appears to be a shift in attitudes towards FGC, in particular around the understanding of women's sexual enjoyment and the complications experienced. My research offers a further understanding of the gendered experiences of FGC in the UK and the understanding by other key players in affected communities. It highlights that the women in my research without FGC did not feel it negatively impacted

either their gendered or cultural identities; they still felt able to ‘perform’ as women in the context of their cultural understanding of gender identity. Overall the men in my research did not agree with the practice and stated a preference for women without FGC, there were no generational differences in this view.

My research has demonstrated that FGC is made sense of, embodied and experienced in complex and mediated ways in the UK. I argued that this was due to the multiple intersecting identities that vary upon migration or living in a country that does not routinely practise FGC. For example, women perceived their gendered identity to be different in the UK compared to abroad where FGC had often taken place. This research demonstrates the complex ways in which identity is negotiated and navigated in relation to FGC in the UK. This causes internal conflict and tensions between ideas of gender identities and roles but appears to have little impact on performativity of their gender identity from a cultural context in the UK. Cultural discursive commentary from affected communities abroad was still seen as influential in shaping people’s decisions and feelings towards FGC, despite being in a country that does not routinely practice FGC. There was a change in ideas around ownerships of the body and a change in the body being viewed as communal to individual. This acted as a catalyst for tensions and resistance of FGC to rise, this was often demonstrated as an embodied resistance such as women refusing to have their daughters cut, being de-infibulated before marriage and masturbating; which they framed as taking back ownership and control of their bodies.

There were multiple justifications given for FGC, but my respondents did not claim that they supported these or believed them to be true. The most common were to do with sexual control and producing a normative female gender identity, however women often

questioned their gendered identity due to the impact FGC had on their sexual and physical experiences. Gender and sexuality were closely entangled in relation to understanding and experiencing FGC. Almost all of women with FGC I interviewed stated that they felt like less of a woman or that they could not perform like a “normal woman” due to having FGC and feeling like they could not sexually please a man. Whereas the female participants who had not undergone FGC did not state that it impacted their cultural or gendered identities; they did not express feeling incomplete as women or unable to perform like women. Additionally, the men in my research did not agree with practice and stated a preference to marry women without FGC. All participants described FGC as a taboo but felt that being in the UK allowed them to talk more openly about it amongst other women in their communities and not practice it on their daughters. However, some women felt that being in the UK also increased fear and judgment of being criminalised and stigmatised. Finally, it was evident that attitudes towards FGC were changing across generations.

This discussion has drawn influence from the theoretical perspectives of Merleau-Ponty and Judith Butler, in relation to embodiment and gender performativity. This has been broadly woven into the overarching concept of intersectionality to highlight the complex and intricate experiences of FGC in the UK. This discussion chapter has drawn a comparison of FGC and corrective surgery for intersexed children to help demonstrate gender performativity, as discussed by Butler. Finally, it has illustrated how Merleau-Ponty’s concepts of Spatial frameworks and human agents’ specific field of action can be used to further expand our understanding of intersectionality, for example how migration impacts meaning-making and the embodiment of FGC. This strengthens and enhances the combination of feminist and phenomenological approaches. In addition to this, I

argued that when applying intersectionality to FGC, the operationalisation of intersectionality should be altered to include FGC as a dimension. By adapting the operationalisation of intersectionality, I have been able to demonstrate that women's identities and experiences are not only influenced and shaped by FGC, but that FGC equally shapes and informs the dimensions of intersectionality such as gender, sexuality and culture. Furthermore, I also suggested that intersectionality can be used to explore when victim and survivor identities may arise as well as mapping out when different forms of embodiment may occur.

My research findings have the potential to inform support programmes which might aim to produce change in behaviours in a culturally sensitive way. In particular paying effort to supporting cultures who are experiencing changes in identity through migration, as this could induce the fear of losing their cultural identity, which may strengthen practices such as FGC.

Further to this, I have also noted some suggestions for future research, these include:

- Exploring the impact reconstructive surgery has on women's meaning-making and experiences of gendered identity.
- Scoping out generational changes in attitudes and practices towards FGC and whether these can be sustained despite continued support from older generations.
- Examining the initial psychological and emotional reactions of women with FGC to the realisation that not all women experience FGC and if this shapes their view of themselves as women.
- Exploring whether having a positive attitude towards sex after FGC can impact women's physical experiences and enjoyment of sex, this would add to the studies

which have measured women's sexual experiences using Female Sexual Function Index (FSFI), as discussed in chapter Two.

In conclusion, this thesis has explored and examined the lived experiences and perspective of FGC in the UK. It has highlighted that the gendered and cultural identities of women are complex and mediated due to FGC, and that they have to navigate and negotiate multiple gendered and cultural identities in the UK.

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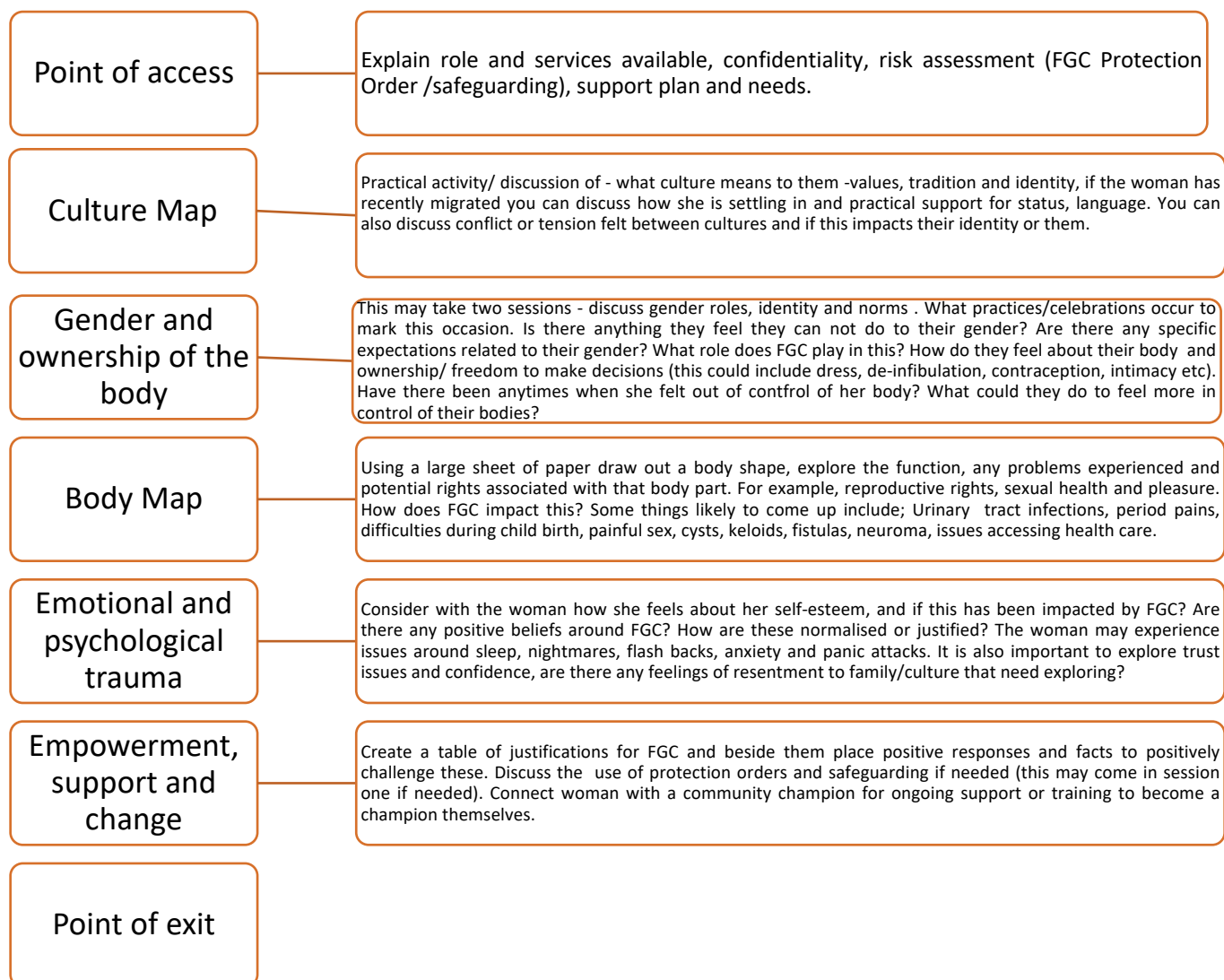
Appendix One: Types of FGC

The complete typology with sub-divisions is described below:

- **Type I** — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed:
 - **Type Ia**, removal of the clitoral hood or prepuce only;
 - **Type Ib**, removal of the clitoris with the prepuce.
- **Type II** — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). When it is important to distinguish between the major variations that have been documented, the following subdivisions are proposed:
 - **Type IIa**, removal of the labia minora only;
 - **Type IIb**, partial or total removal of the clitoris and the labia minora;
 - **Type IIc**, partial or total removal of the clitoris, the labia minora and the labia majora.
- **Type III** — Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). When it is important to distinguish between variations in infibulations, the following subdivisions are proposed:
 - **Type IIIa**, removal and apposition of the labia minora;
 - **Type IIIb**, removal and apposition of the labia majora.
- **Type IV** — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

(Copied directly from WHO, 2018)

Appendix Two: FGC 1-2-1 support



Appendix Three: Interview guide

Thank you for agreeing to take part in the interview today it is really appreciated. As you might know we are going to go through some questions about culture and cultural practices specifically Female Genital Cutting. It is completely confidential, and I will not use your name or any identifying things you say. I will be voice recording this, so I can later type it up but no one else hears it. If you would like to stop at any time we can and if you prefer not to answer a question we can move on. Are you happy to continue?

General

- Name?
- Age?
- Where were you born?
- Age when you moved to the UK or if UK born Leicester?
- Have you lived in any other EU countries?
- What were they like in comparison?
- What is your current job?
- What is your level of education?
- What is your parents' level of education?
- Is English your first language? What other languages do you speak?

Marriage-

- Are you married?
- How old were you when you got married?
- What age do people normally get married at in your community?
- Do you hope to be married, if so at what age?
- Are marriages arranged or can you pick your own partner?
- Is there a bride price/dowry?
- Who is responsible for paying for the wedding?
- Are there any specific traditions before or after the wedding that have to take place?

Women as cultural carriers and cultural assimilation-

- Who organises cultural events?
- What is the role of women in your community?

- Are women encouraged to stay in education and work?
- Who teaches children their native language and cultural practices?
- Is traditional clothing important and who is more likely to wear it?
- Is it common to make friends outside of the cultural group?
- Have the gender roles changed in your community? If so how?

Everyday life -

- What is your daily routine like?
- Who makes decisions about the household?
- Do you have to ask any males (Husband, Father, Brother) if you can do certain activities?
- Do men and women share the same social spaces?
- Who is responsible for making decisions about the children?
- Who earns the most money in your household?

Childbirth-

- Do you have any children?
- At what age did you have your children?
- Have you given birth in the UK?
- Have you given birth in any other country?
- How was your birth experience?
- Did you have access to a midwife/doctor that spoke your mother tongue or translation services?
- Did you take a birthing partner?
- Was your husband present and what were his views on the process?
- Did you discuss FGC with your midwife?
- Did you suffer from any flash backs or from any anxiety when being examined?
- Did you have to have any cuts made or stitches?
- Did you feel that the staff treated you the same as a woman without FGC?
- Do you know of any complications caused by FGC in childbirth?

Access to services-

- How have you found accessing health services in the UK?
- Are there any women specific services you have accessed, for example gynecology?
- How do you feel about smear tests?

- Do you go to medical appointments alone or with someone?
- Do you organise health care for anyone else in your family?
- Have you been to any community groups?
- Have you been to any local clubs?
- Do you get involved in any political services or decision making?
- Are you aware of the UK law on FGC?

First period and menstrual pain-

- How would you describe your first period?
- What did you know about periods at that time?
- Did it mean anything to you?
- Do you feel you experience pain because of the FGC during periods?
- How do you feel about the use of sanitary products?

At what point did you realise you had FGC-

- How did you come to find out this had happened to you?
- How old were you?
- Can you describe how you felt or what you remember?
- What do you prefer to call it?
- Who did you ask questions about this to?
- What reasons did they give you and what did you think about them?
- Do you feel like you are missing anything from your body?
- What did you feel it looked like?
- Did you search for information and pictures online?
- Do you feel pain in that area still?
- Is there any pain during sex?
- How do you self-identify in relation to FGC (victim/survivor) if at all?
- Have you sought any counselling for this?
- Do you talk about this often?

Sexual experience-

- What is your perception of a woman's sexual behaviour if she hasn't undergone FGC?
- Was your partner aware you had FGC?

- (If type 3) Did you try to have sexual intercourse before being de-infibulated?
- Do you feel comfortable being intimate due to this?
- Can FGC cause marriage problems?
- Do you ever desire to have sex with your husband?
- Do you get pleasure from being intimate?
- Have you learnt to feel sexual pleasure in other areas of your body?
- Do men notice when a woman has had FGC?
- Do you ever hide your body from your partner? Why?
- What are your views around women in the UK undergoing vaginal surgery or having piercings?
- What is the role of the areas that are cut off?
- What is the role of the clitoris?

Cultural

- How do you display culture in your community?
- Does culture impact your identity? How? Why?
- Why do you think customs and traditions change?
- Since you have moved to the UK what is your personal relationship with culture?
- How many cultures do you have?
- Why do you have these?
- Have you ever participated in events like bonfire night, pancake day, April fools?
- Did you have any issues when coming to the UK?
- Do you see a difference in younger generations when they are born in the UK?
- Do you express your identity and culture in the UK?
- Do you feel a close relationship and connection to people from the same culture even if you don't know them?
- Is there a sense of hierarchy in your culture?
- Do women and men have equal status in your culture?
- What type of ceremonies do you practice?

Religion-

- What religion if any do you follow?

- What parts of your life are influenced by religion? e.g. food
- Does religion form part of your identity if so how?
- Do you go to a religious building to pray?
- Do you pray with you partner?
- Does your religion say anything you find difficult to understand or follow?
- How do you feel practicing and expressing your religious beliefs in the UK?
- Has the role of the religious institution changed since moving to the UK? (or if UK born is there a difference in value on the religious institution between you and your parents?)
- Do you wear religious or cultural clothing if so what?
- Have you worn clothes that would be viewed as western or not traditional since living here?
- Is FGC a religious requirement?
- Are any prayers said when FGC is carried out?
- Do you know of any content in your religious scriptures that states you have to practice FGC?
- What does your religious teacher (priest/imam) say about FGC?
- Are there any religious consequences if you don't have FGC done?
- Does your community believe in religious curses or which craft?
- Do they link this to women who have not had FGC done?
- Who requests FGC to be carried out?

Rite of passage/ initiation-

- Does your culture have a process of initiation? What does it involve and when does it happen?
- What things occur for men and women? at what ages and under what circumstances?
- Are there any symbolic practices?
- Is FGC part of a cultural identity? How?
- Is FGC a crucial and central part of your culture?
- Are you considered equally a part of the culture if you don't have FGC?
- Can women get married and have children if they haven't had FGC?
- Can women cook and take part in other social activities if they haven't had FGC?
- Are men viewed differently if they haven't undergone circumcision?
- Are women viewed differently if they haven't had FGC?

- Are they taught about marriage and relationships etc. during this time?
- Do you feel a close relationship to other women that have had FGC even if you don't know them?
- Does this extend to women that have had FGC not in your culture?
- Why do people still practice FGC in the UK?
- Have you followed or participated in any debates on FGC? Why? What were your impressions?

Embodying culture/ The physical body/ The cultural body-

- What do you think of other cultural practices that physically mark the body for example breast ironing?
- Does the body carry any cultural marks? What is the purpose of this?
- Do you think FGC is a physical way of expressing culture with the body?

De-infibulation and reconstructive surgery-

- If type 3- Would you consider de-infibulation (re opening of the vagina/ reversal)? Why?
- Would you speak to your husband about a reversal?
- What are your thoughts on re-infibulation (re stitched to leave a small hole) after childbirth?
- How are women viewed if they have these procedures?
- Would you consider reconstructive surgery?

Choice

- How much choice do you feel you have to continue this practice?
- What do you think of women who actively choose to have this practice done when they are older?
- Do you feel pressure from family and community members to do this to your children?

Relationships

With mother/ father-

- What is your relationship like with your parents?
- Do you feel they are responsible for you having gone through FGC?
- Do they have much influence over how you bring your children up?

With sisters who have had FGC and with those who haven't -

- Do you speak openly about this with them?
- Is there any resentment or jealousy?
- Is there a difference of opinion on whether FGC is beneficial or not depending on age?
- How do you feel about FGC happening to your sisters?

With husband/ boyfriends/ wife/ girlfriend-

- Are your relationships equal?
- Do you have open conversations about FGC?
- Do you feel confident in your relationship?
- Will your husband support your decisions around FGC?

With in-laws-

- Do your in-laws play an active part in your marriage?
- Do you feel like they can make any decisions over your marriage or your children?
- Are they from the same culture?
- If different do they also practice FGC in their community?

With children-

- Do you have boys or girls?
- Do you encourage them to talk to you about their bodies and about relationships?
- What are your views around performing FGC on baby girls now?
- Are baby boys also circumcised in your community?

With other females in your family (grandma, aunties, cousins)-

- Did they have any involvement in you undergoing FGC?

With other women in your community-

- Do you ever speak to other women who have had FGC in your community?
- How are women viewed in your community who haven't undergone FGC?
- Do you feel a close relationship with women if you know they have had FGC?
- What bonds you with other women in your community?
- Do you feel you can connect to women outside of your community?

For men whose wives have FGC

At what point did you realise your wife had FGC-

- How did you come to find out this had happened to your wife?
- Can you describe how you felt when you found out?
- What do you prefer to call it?
- What do you know about why this happens?
- Do you feel like it is important?
- Did you search for information and pictures online?
- Does your wife experience any pain there during sex?
- Do you talk about this often with her?

Sexual experience-

- What is your perception of a woman's sexual behaviour if she hasn't undergone FGC?
- Has your wife ever discussed pain during sexual intercourse?
- Do you feel it affects your enjoyment of sex?
- (If type 3) Did you try to have sexual intercourse before being de-infibulated?
- Can FGC cause marriage problems?
- Do men notice when a woman has had FGC?
- What are your views around women in the UK undergoing vaginal surgery or having piercings?
- What is the role of the areas that are cut off?
- What is the role of the clitoris?

Appendix Four: List of “contextual” interviews

- *Amiina, 21, Female, Somali (Has FGC)*
- *Dila, 36, Female, Kurdish (Has FGC)*
- *Roza, 32, Female, Kurdish (Has FGC)*
- *Abeni, 37, Female, Nigerian (Has FGC)*
- *JoJo, 40, Female, Gambian (Has FGC)*

- *Ezma, 34, Female, Kurdish (Does not have FGC)*
- *Dinka, 20, Female, Kenyan (Does not have FGC, but mother does)*
- *Naza, 29, Female, Turkish/Kurdish (Does not have FGC)*

- *Raman, 36, Male, Kurdish (Wife has FGC)*
- *Simku, 42, Male, Kurdish*
- *Talan, 34, Male, Kurdish (Mother has FGC)*
- *Zamo, 35, Male, Kurdish (Sister has FGC)*
- *Zend, 32, Male, Kurdish (Sister has FGC)*

Appendix 5: Table of participants

PPS	Age	Sex	FGC status and type if known	Place of Birth	Ethnicity	Religion	Job	Married	Children	Recruitment method	Interview method
Amiin a	19 - 29	Female	FGC – Type 2/3	UK	SOMALI	MUSLIM	STUDENT	NO	NO	Twitter	Skype
Roza	30 - 39	Female	FGC – Type 2	KURDISTAN	KURDISH	MUSLIM	STUDENT	YES	YES	Snowball	Face to face
Abeni	30 - 39	Female	FGC – Type 1/2	NIGERIA	NIGERIAN	CHRISTIAN	MEDICAL PROFESSIONAL	YES	YES	Twitter	Phone
JoJo	40 - 49	Female	FGC	GAMBIA	GAMBIAN	MUSLIM	ASSISTANT	NO	YES	Snowball,	Phone
Samira	30 - 39	Female	FGC – Type 2/3	GUINEA	GUINEA	CHRISTIAN	MEDICAL PROFESSIONAL	NO	YES	Twitter	Phone
Amburo	30 - 39	Female	FGC – Type 1	SOMALIA	SOMALI	MUSLIM	UNEMPLOYED	YES	YES	Gatekeeper	Face to face with translator
Baraknado	50 - 59	Female	FGC – Type 3	SOMALIA	SOMALI	MUSLIM	UNEMPLOYED	YES	YES	Gatekeeper	Face to face with translator
Bilan	40 - 49	Female	FGC – Type 2	SOMALIA	SOMALI	MUSLIM	UNEMPLOYED	YES	YES	Gatekeeper	Face to face with translator
Casho	40 - 49	Female	FGC – Type 1	SOMALIA	SOMALI	MUSLIM	UNEMPLOYED	YES	YES	Gatekeeper	Face to face with translator

Zafeera	19 - 29	Female	FGC – Type 1/2	SUDAN	SUDAN	MUSLIM	STUDENT	NO	NO	Twitter	Face to face
Aluna	40 - 49	Female	FGC – Type 1	KENYA	KENYAN	CHRISTIAN	RUNS CHARITY	NO	NO	Community method	Phone
Hani	30 - 39	Female	FGC – Type 3	SOMALIA	SOMALI	MUSLIM	RUNS CHARITY	NO	YES	Community method	Face to face
Kusta	30 - 39	Female	FGC – Type 2/3	GAMBIA	GAMBIAN	MUSLIM	CHEF	YES	YES	Community method	Phone
Dila	30 - 39	Female	FGC – Type 1	KURDISTAN	KURDISH	MUSLIM	STUDENT	YES	NO	Gatekeeper	Face to face
Ezma	30 - 39	Female	NO FGC	KURDISTAN	KURDISH	MUSLIM	STUDENT	NO	NO	Gatekeeper	Face to face
Chiku	30 - 39	Female	NO FGC	KENYA	KENYAN	CHRISTIAN	HEALTH SUPPORT WORKER	NO	NO	Community method	Face to face
Dinka	19 - 29	Female	NO FGC	KENYA	KENYAN	CHRISTIAN	STUDENT	NO	NO	Twitter	Skype
Naza	19 - 29	Female	NO FGC	KURDISTAN	T/KURD	MUSLIM	STUDENT	NO	NO	Snowball, Face to face,	Face to face
Ladan	40 - 49	Female	NO FGC	SOMALIA	SOMALI	MUSLIM	UNEMPLOYED	YES	YES	Gatekeeper	Face to face with translator. Hand recorded.
Uba	19 - 29	Female	NO FGC	SOMALIA	SOMALI	MUSLIM	UNEMPLOYED	YES	YES	Gatekeeper	Face to face with translator. Hand recorded.

Xalwo	19 - 29	Female	NO FGC	SOMALIA	SOMALI	MUSLIM	STUDENT	NO	NO	Snowball	Face to face
Raman	30 - 39	Male	Wife has FGC	KURDISTAN	KURDISH	MUSLIM	STUDENT	YES	YES	Gatekeeper	Face to face
Simku	40 - 49	Male	Unknown if mum has it	KURDISTAN	KURDISH	MUSLIM	STUDENT	YES	YES	Gatekeeper	Face to face
Talan	30 - 39	Male	Mother has FGC	KURDISTAN	KURDISH	MUSLIM	STUDENT	YES	YES	Gatekeeper	Face to face
Zamo	30 - 39	Male	Sister has FGC	KURDISTAN	KURDISH	MUSLIM	STUDENT	NO	NO	Gatekeeper	Face to face
Zend	30 - 39	Male	Sister has FGC	KURDISTAN	KURDISH	MUSLIM	STUDENT	YES	YES	Gatekeeper	Face to face
Cabdi	30 - 39	Male	Mum and sister have FGC	SOMALIA	SOMALI	MUSLIM	Business support admin	YES	YES	Gatekeeper	Face to face
Dalamar	50 - 59	Male	Unknown if mum has it	ETHIOPIA	SOMALI	MUSLIM	TRANSLATOR	YES	YES	Gatekeeper	Face to face
Warsame	40 - 49	Male	Unknown if mum has it	SOMALIA	SOMALI	MUSLIM	HEAD TEACHER	YES	YES	Community method	Face to face
Omari	19 - 29	Male	Mum and sister have FGC	UK	SUDAN	MUSLIM	JOURNALIST	NO	NO	Snowball	Phone

Appendix Six: Website

Female Genital Cutting (FGC): *Exploring women's and men's perspectives and lived experiences*

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Paris Connolly

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Female Genital Cutting (FGC): *Exploring women's and men's perspectives and lived experiences*

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My name is Paris Connolly and I am a PhD candidate at De Montfort University, Leicester. I graduated with a BA Honours in Health Studies in 2013. I am researching the lived experiences and perspectives of women and men on Female Genital Cutting (FGC), also known as Female Genital Mutilation and Circumcision.

I am currently recruiting respondents for my research and details can be found under the *Get Involved* tab.

This research is completely confidential and your identity will remain anonymous. It has been ethically approved by the Ethics Committee at De Montfort University.

Paris Connolly (BA Honours)
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De Montfort University, Leicester

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Female Genital Cutting (FGC): *Exploring women's and men's perspectives and lived experiences*

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What does it involve?

I am currently recruiting respondents for interviews which will ideally be face-to-face however, some interviews can be done online. The interview will last 60-90 minutes and will be recorded by an audio device and later transcribed. This is confidential and anonymous.

How do I get involved?

If you would like to be interviewed please email me on p10526399@myemail.dmu.ac.uk

What happens to my information?

I will be using the information for my PhD thesis and it may go into publications and conference presentations. Your name and any other identifiable information will be anonymised and will remain confidential.

How will I benefit from being involved?

You may not benefit directly from taking part in this research but some people have found it beneficial to talk to a stranger that is not judgmental or part of the community. It may help other women and men to hear your story and may later inform education and prevention programmes. It is acknowledged that this is a very sensitive topic and it may cause you distress so please take time to think about taking part in this research project.

What if I want to withdraw?

If you choose not to take part anymore you can withdraw up to 6 months after your interview without giving a reason and your data will not be used.

Female Genital Cutting (FGC): *Exploring women's and men's perspectives and lived experiences*

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[Daughters of Eve](#)

[Dahlia Project](#)

[28 Too Many](#)

[FORWARD](#)

[NSPCC](#)

[The Orchid Project](#)

[NHS](#)

[Child Line](#)

[FGM Clinics](#)

Appendix Seven: Contacts for recruitment

Leicester

Samafal Somali Community Centre (recruitment center)
1A Atkinson Street, Leicester, Leicestershire, LE5 3QA

St Matthews Community Solution Centre
12 Britannia St
0116 262 5300 (no answer)

Quba Centre (Mosque)
21 Tichborne St LE2 0NQ
0116 319 0220

Somali Community Parents Association (SOCOPA)
Abdikayf Bashir Farah 07853290875 12pm wed 10th
19 Brunswick Street
LE1 2LP
Telephone:
0116 262 8632
Email:
info@socopa.org.uk

African Womens Support Group
Frieda Kusamba
71 Taylor Road
LE1 2JP
Telephone:
0116 253 7840 (wrong contact number)
Email:
africanwomensupp.group@yahoo.co.uk

African Forum Leicester
Rashidi Kasindi
The Michael Wood Centre
53 Regent Road
LE1 6YF
Telephone:
07916 302728 (left message)
Email:
rashidikasi@gmail.com

African women's development society
Rahma Awadhy
28 Childrens & Parents Centre
Saxby Street
LE2 0NE
Telephone:
07903486068 (sent message)
Email:

awds2807@yahoo.com

Anatolia Educational & Cultural Society (Turkish and Kurdish)

Ruslan Haydar

2 Kirby Road

LE3 6BA

Telephone:

0116 262 5130 (Wrong number)

Email:

aces_le@hotmail.com

Danish Somali Community in Leicester

Gulied Mohamed

10 Britannia Street

LE1 3LE

Telephone:

0116 2625300 (no answer)

Email:

scscenter@hotmail.co.uk

Hodan Somali Community Group

Solado Mohamed

54 Swainson Road

LE4 9DQ

Telephone:

0116 212 8692 (no answer/wrong number)

Somali Action Group

Mohammed Tarrah

59 Tewkesbury Street

LE3 5HR

Telephone:

0116 262 1672 (wrong number)

Email:

mohadtarrah@yahoo.co.uk

Somali Community Integration and Health Awareness

Muna Abraham

277 Narborough Road

LE3 2RA

Telephone:

0116 282 6729 (doesn't connect)

Email:

ikran22000@yahoo.co.uk

Somali Community Matters

Mr Abdidahir Jama

107-115 Wharf Street North

LE1 2AD

Telephone:

07861 966926 (no answer, try some other community please)

Email:
SCM_2010@hotmail.co.uk

Somali Women & Children's Organisation in Leicester (SWACOL)
Halima Haqi Saleh
c/o 99 Wharf St North
LE1 2AD
Telephone:
0116 299 3654 (wrong number)

Women's Gargaar Somali Relief
Saada Mohamed
18 Baysdale Road
LE2 7HR
Telephone:
07932 913822 (int dialling tone)

Sudanese Darfur Association
Najmadinn Mohammad
19A Brunswick Street
LE1 2LP
07894 153936 (Monday 15th morning call before/no answer call back)
darfurcommunity@yahoo.co.uk

Cameroon Leicester Association
Dieudonne Taleu
80 Wharf Street
LE1 2AA
07947 089955 (int call tone)
dtaleu@hotmail.com

IOSSAC
Rwakasihi Marembo
149 Harris Road
LE4 0QW
0116 2995427 (no answer)
iossac7@gmail.com

Tanzanian Community in Leicester
Zuhura Mkwawa
105 Ottawa Road
St Matthews
LE1 2EN
07915 662624 (not able to help)
tzumojaleicester@gmail.com

Faraja Support
Helen Ross
24 Westdale Avenue
Glen Parva
LE2 9JP
0771 411 6114 (meet wed 10th 2.30 only works in tanzania charity)

helen@farajasupport.org.uk

Shama Womens Centre
Khudeja Amer-Sharif
39-45 Sparkenhoe Street
LE2 0TD
0116 251 4747 (no answer/ meet Wednesday 31st 2pm)
shama_womens_centre@hotmail.com

AFRO INNOVATION GROUP
Floor 4, Office 409 Charles Street LE1 1FB
0116 208 1341
07931 516375
info@afroinno.org (Tuesday 16th at 1pm)

Somali Community Care
Fadumo Ali
0116 262 6852 (Wrong number)
faomar66@gmail.com

Manna Resource Centre
Jonas Martinson
18a Halford Street
LE1 1JB
0116 253 2408 (no answer)
jmartinson@mannaresourcecentre.org

Mararit Community
Mohamed Yahya
18 Raven Road
LE3 1RD
07424 892428 (call in one hour/ no answer) meet on Wednesday 24th at 2pm
kbarkep@gmail.com

Race equality
Anna Maria Garcia
3rd Floor
Epic House, Lower Hill Street
LE1 3SH
0116 299 9800 (no answer)
iris.lightfoote@theraceequalitycentre.org.uk

Zinthiya Ganeshpanchan
12 Bishop Street
LE1 6AF
0116 254 5168 (Meet Friday 19th 2pm)
zinthiya.trust@gmail.com

Kulan point somuk
Abdulahkim and Isman
24 Madras Road
LE1 2LT

07851898221 (Voicemail) / 07447410736 (call back in one hour/ meet Friday)
kulanpointsomuk@hotmail.com

Freedom from violence and abuse
Caroline Freeman
P O Box 7675
LE1 6XY

0116 255 0003 (no answer/left message to call back) claire wedell ida service
claire.weddle@wallaction.org.uk - steph mcburney stephanie.mcBurney@leicester.gov.uk
caroline@jenkinscentre.org.uk

Ghana association
Jo Doku
59 Farrier Lane
LE4 0WB
0116 224 3662 (no answer)

LASS
0116 2559995 (visit Wednesday 17th at 11am)

Wesley Hall
Satwinder Dhanjal
76 Hartington Road
LE2 0GN
0116 262 6000 (no answer/ someone will call back)
sd@wesleyhallcc.org.uk

African Caribbean Citizens Forum (ACCF)
Natasha Lawrence
405/06 4th Floor
60 Charles Street
LE1 1FB
0116 208 1345 (no answer/ don't work with African groups)
info@accforum.co.uk

Guinean Community of Leicester
Facinet Camara
63 Robert Hall Street
LE4 5RB
07401 994706 (wrong number)
facinet.camara@gmail.com

Helping Hands Community Trust
Mandy Murgatroyd
Helping Hands Advice Centre
66-68 Blaby Road
Wigston
LE18 4SD
0116 2782001 (no answer)
office@helpinghandscentre.co.uk

Highfields Community Association

Jay Patel
Highfields Centre
96 Melbourne Road
LE2 0DS
0116 253 1053 (no answer/send email to jay.patel@)
info@highfieldscentre.ac.uk

Identity Connexions and Networks
Rose Ntumba Panumudipo
15 Sandford Court
LE5 4UL
0116 367 8917 (no answer/ voice mail)
identityconnect@yahoo.com

Leicester City of Sanctuary
Pam Inder
c/o St Martin's House
7 Peacock Lane
LE1 5PZ
0711 629 12606 (wrong number)
leicester@cityofsanctuary.org

Leicester Human Rights Network
Andrew Thirlby
0116 254 0276 (no answer/ group is closing down) try amnesty int Jonatan 07756241649
leicesterhumanrights@btinternet.com

Leicestershire Ethnic Minority Partnership (LEMP)
Prakash Panchal
2nd Floor, New House
94 New Walk
LE1 7EA
07870 555519 (not working there anymore)
prakash@lemp-leics.org.uk

St Matthews Tenants Association & Elders Project
Jean Williams
88 Manitoba Road
LE1 2FT
0116 253 2426 (no answer)
info@stmta.org.uk

Women Today
Jo Knight
The Elms Social Club
Bushloe End
Wigston
LE18 2BA
07547 677934
womentoday@virginmedia.com

Sheila Mosley,

Tel: 07751888391(already met said she would try to find contacts)
Email: sheila@crowspirit.org.uk

Somali Development Services
39 Abingdon Rd, Leicester LE2 1HA
0116 285 5888 (will be back in the UK in October and will help then)
9am–5pm

EAST MIDLANDS

Derby Kurdish Community Association
Unit 160 Westfield
Derby DE1 2PG
Tel: 013326 14329 SAMI costa coffee needles
Mobile, Pishtiwan Sami 07886 274646
Mobile, Ranjbar Bawani 07729 276425

Kurdish House Association
kurdishhouse@hotmail.com
07861 653461
Unit 1, 1st Floor Block D
New Normanton Mill
Stanhope Street
Derby
DE23 6QJ

PETERBOROUGH
07515 398 241 (wrong number)
diaryhamza@yahoo.co.uk
Naseby Close
PE3 7DE

Nottingham
Kurdish Community Centre
11 Portland Gardens
020 8880 1804 (no answer)

The Kurdistan Restaurant
5-7 Bentinck Rd, Nottingham NG7 4AA
Phone:0115 942 4922

Women's organisations London

Kurdish & Middle East Women's Organisation (KMEWO)
Ms Kharman
Caxton House
129 St. John's Way
London N19 3RQ
Email: waviolence@ukonline.co.uk

Tel: 0207 2631027
Fax: 0207 5619594
Mobile: 07748851125

Kurdistan Refugee Women's Organisation (KRWO)
Gona Saeed
Unit H Fourth Floor
Hannibal House
Elephant & Castle Shopping Centre
London SE1 6TE
Tel: 0207 708 0057

Kurdish Medical Association in UK (KuMA - UK)
Dr Tishk Shawis
Email: tshawis@aol.com
Mobile: 07808 061045
www.kuma.org.uk
Dollan House
Matchett Drive
Colchester CO4 5AN

Iranian and Kurdish Women's Rights Organisation (IKWRO)

Contact Email:
admin.ikwro@gmail.com
Contact Phone:
(+44) 207 920 6460
Address:
PO Box 65840
London, EC2P 2FS
UK

Kurdish and Middle East Women's Organisation (KMEWO)

Contact Email:
info@kmewo.org
Contact Phone:
(+44) 020 7263 1027
Address:
Caxton House
129 St. John's Way
London, N19 3RQ
UK

Kurdish Medical Association in UK - KUMA

Dollan House Matchett Drive
Colchester, CO4 5AN

Appendix Eight: Participant information sheet and Consent form

Title of Project: Exploring women's and men's perspectives and experiences of Female Genital Cutting (FGC).

Name of Investigators: Paris Connolly

Invitation paragraph

You have been invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish to. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not. Thank you for reading this.

What is the study about?

This study will explore women's and men's perspectives and experiences of FGC. The aim is to explore the relevance of the practice within the community, and to develop effective education and intervention programmes.

What does the study involve?

The study will involve one-to-one private and confidential interviews lasting between 60-90 minutes. These interviews will be recorded, but only listened to by myself and my supervisor if required. The interviews will be arranged to take place in a suitable setting for the participant (yourself). You will be asked a number of questions around the topic and have the opportunity to express your own opinions and experiences if you wish.

Why have I been chosen?

You have been invited to take part in the study as you may have either first-hand experiences of FGC or know of family members and friends that have experienced FGC. Approximately 20 other people will volunteer in this research.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep. If you decide to take part, you are still free to withdraw up to 6 months after the study and without giving a reason.

I am interested in taking part, what do I do next?

If you are interested in taking part in the research, please contact Paris Connolly by telephone on 07921813028 or email p10526399@myemail.dmu.ac.uk

What if I agree to take part and then change my mind?

You can withdraw from the study up to **6 months** after you have completed your interview, without giving a reason.

What if I don't want to answer a question or get upset?

If you do not wish to answer any of the questions that I ask you during the interview, please just say so and I will move on to the next question.

I will at all times aim to ask questions in a sensitive and appropriate manner and, as stated above, you have the right to decline to discuss any aspect that you are asked about. However, if you do find participating in the interview upsetting at any point, you might like to take a break, or if you prefer, you can decide to end your participation and withdraw from the study at that point. Alternatively, and if time permits, I can reschedule the interview if you are willing to participate.

What are the possible disadvantages and risks of taking part?

If you have first-hand experience of FGC, talking about these may bring up memories that you may find distressful. I will handle this in a sensitive manner and you can quit the interview at any time. A resource pack with useful support sites will be provided.

What are the possible benefits of taking part?

No direct benefit is intended to me, I am interested and passionate about helping other people's voices being heard. Researching FGC is extremely important in order to develop intervention programs to help prevent the practice affecting other girls and women, and also to develop awareness and education amongst the community. Your views and experiences will help inform debate, and this can be used to seek funding for better intervention programs. The research is not intended to benefit you in any direct way; however, you may find it useful to talk about your views and experiences.

What if something goes wrong? / Who can I complain to?

If you have a complaint regarding anything to do with this study, you can initially approach myself (Paris Connolly) or my supervisor Dr Stephen Handsley (shandsley@dmu.ac.uk 0116 2577883). If this achieves no satisfactory outcome, you should then contact the Administrator for the Faculty Research Ethics Committee, Research & Commercial Office, Faculty of Health & Life Sciences, 1.25 Edith Murphy House, De Montfort University, The Gateway, Leicester, LE1 9BH or hlsfro@dmu.ac.uk

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept on a password-protected database and is strictly confidential. You will be given an ID code which will be used instead of your name in order to protect your anonymity. Any identifiable information you may give will be removed and anonymised. The only case where confidentiality and anonymity will not be kept is if you report to me the intention of practicing FGC on a child, in this case it will be reported to the local social services or police department.

What will happen to the results of the research study?

The results of the research will be used in my PhD thesis and submitted for publication; they may also be presented at conferences and any other outputs for example journals. The results will be kept for ten years. I may use the results of this study in future research for example if I was to investigate how views have changed over time. Participants will receive a copy of the findings if they request them.

Who is organising and funding the research?

De Montfort University, Leicester.

Who has reviewed the study?

This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Contact for Further Information

Paris Connolly

P10526399@myemail.dmu.ac.uk

07921813028

Thank you for taking the time to read this information sheet. I look forward to any questions you may have.

INFORMED INTERVIEW CONSENT FORM

Title of project: Exploring women's and men's perspectives and experiences of Female Genital Cutting (FGC).

Name of researcher: Paris Connolly

Please initial all boxes if you agree

- I confirm that I have read and understood the information sheet [18/10/2014 version 0.1] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- 2. I understand that my participation is voluntary and that I am free to withdraw Up to 6 months after the interview without giving any reason. ☐
- 3. I agree to participate in an interview (approximately 60 to 90 minutes) and respond to a series of open questions if I feel that I am able to. ☐
- 4. I agree that non-identifiable quotes and data will be used and published in the researcher's PhD thesis as well as other outputs for example journal articles, conference papers and presentations and any other outputs. I also agree to my data being used in future research conducted by the researcher. ☐
- 5. I agree to the whole interview being digitally audio recorded, but should I wish to stop at any point, I will inform the researcher. ☐
- 6. I understand that data collected during the study may be looked at by Paris's supervisors from De Montfort University. I give permission for the supervisors to have access to my data. ☐
- 7. I understand that I will be fully protected in accordance with the Data Protection Act 1998, and in compliance with the British Sociological Association's statement of ethical practice, and that my personal information (name, age, contact details, identifying statements) will be kept confidential in all instances apart from me disclosing the intent to practice FGC on a child in the future, in which case it will be reported to the local social services or police department. ☐
- 8. I agree to my data being stored for 10 years after the project this will still be kept confidential and only used by the researcher ☐
- 9. I agree to take part in this study ☐

Print name of participant

Date

Signature

Print name of person taking consent

Date

Signature

Consent form date of issue: [18/10/2014]

Consent form version number: [version 0.1]

Appendix Nine: Theme Evaluation form

Why is this important?

Why is interesting?

What broader concepts does this link to?

Who else has researched this?

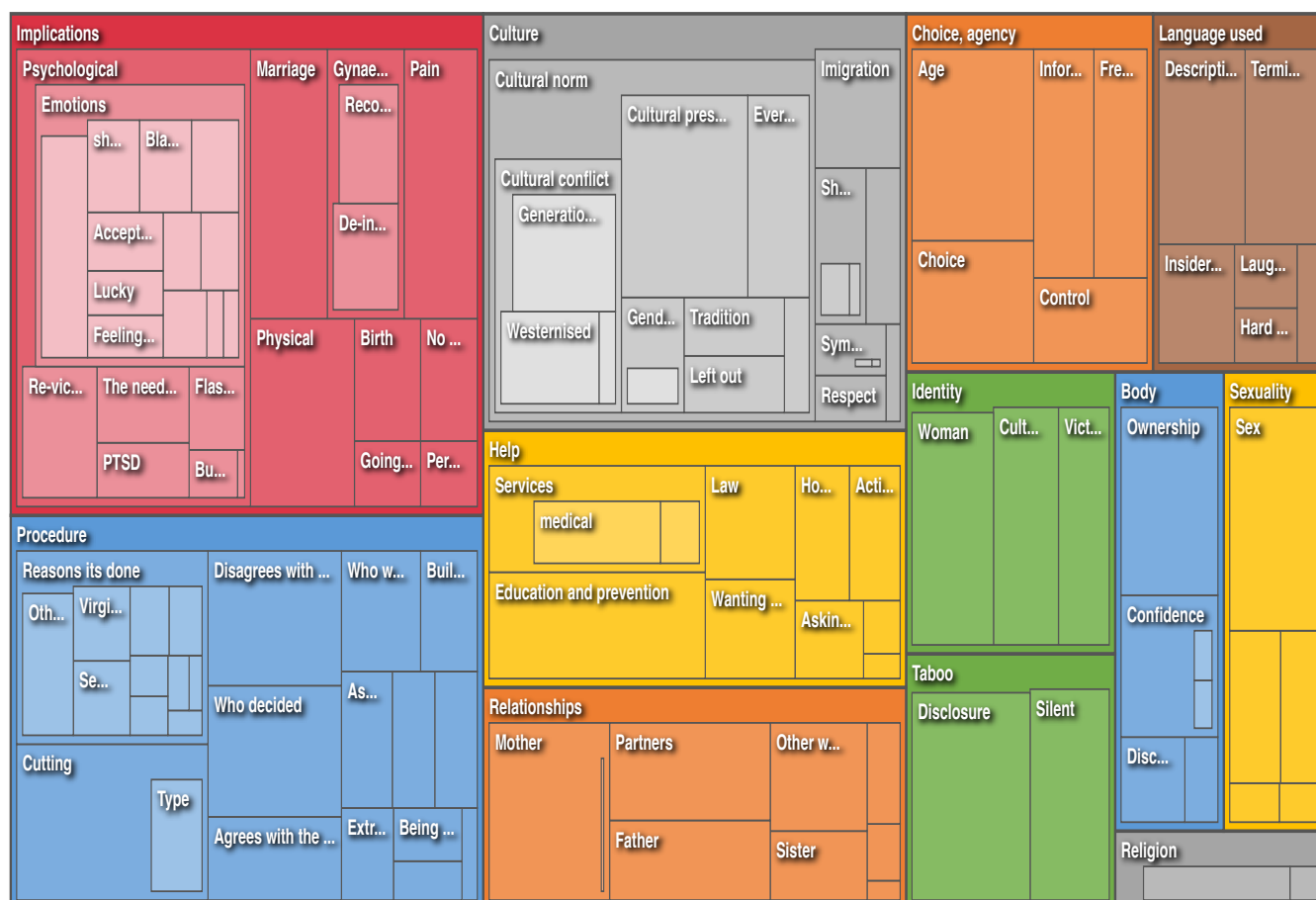
What are your initial thoughts and reflections on this?

What quotes demonstrate this?

What are the debates, tensions, dilemmas on this?

How does this link to other themes?

Appendix Ten: Nvivo nodes



Procedure – After – Agrees with the practice – Asking to have it done – Being told to have FGC – Build-up – Cutting: Type – Disagrees with the practice – Extra activities – Healing and Air – Hospital or Village – Male circumcision – Reasons its done: Appearance, Culture, Education, Heritage, Hygiene, Male pleasure, Other myths, Sexual control, Tradition, Virginity – Who decided – Who was there

Implications – Birth – Going toilet – Gynecology: De-infibulation, Reconstruction – Marriage – No harm – Pain – Periods – Physical – Psychological: Bullying, Dreams, Emotions: Acceptance, Attacking, Blame, Confidence, Fear, Feelings of loss or incomplete, Guilt, Happy, Lucky, Sadness, Shame or Shy, Shock – Flashbacks – PTSD – Re-Victimisation- The need to know what happened

Culture – Cultural Norm: Cultural conflict, Clothing, Generational changes, Westernised – Cultural pressure – Everyone else has it – Gender roles: Male authority – Left out – Not questioning it – Tradition- Immigration - Proud – Respect – Shame and Honour: Disowned, Hymen – Symbolic and ritual: Singing and dancing – UK born

Religion – Christianity - Islam

Relationships – Aunties or Grandma – Brothers – Cousins – Father – Mother: Mother had it done – Other women – Partners - Sisters

Taboo – Disclosure - Silent

Choice and agency – Age - Choice – Control – Freedom - Informed decision

Body – Confidence: Incomplete, New found confidence – Disconnected – Hymen and virginity - Ownership

Identity – Cultural - Victim or survivor - Woman

Sexuality – Control – Lack of interest – Masturbation – Not affected - Sex

Help – Activism and campaigns – Asking for help – Didn't stop it – Education and Prevention – Hope it will stop – Law – Run away – Services: Counselling, Medical – Wanting to help others

Language used – Descriptive - Hard to explain - Insider or outsider – Laughing – Terminology – Translator

Appendix Eleven: Steps of Thematic Networking (Attride-Stirling, 2001)

- 1) Code Material
- 2) Identify themes
- 3) Construct networks
- 4) Describe and explore
- 5) Summarise thematic network
- 6) Interpret patterns

Example:

